URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH 59-037557

FILED VS NOV 3 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9584 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 3 days

c. CITY OR TOWN St. Louis — Inside Limits Yes # No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City — Inside Limits Yes # No ☐

d. STREET ADDRESS (If outside, give location) 2330 Olive Street, — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Henry Middle John Last Eckhoff

4. DATE OF DEATH Month Oct. Day 17, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married # Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-8-84

9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY Accountant

11. BIRTHPLACE (City and state or country) St. Louis

12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Clemens Eckhoff

13b. MOTHER'S MAIDEN NAME Mary Schroeder

14. NAME OF HUSBAND OR WIFE Alma Eckhoff (Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 498-09-1896

17. INFORMANT Address Henry J. Eckhoff, Ferguson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Subdural Hemorrhage caused by a

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Skull

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when struck

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Off Olive Street Car in front of about 2333 Olive Street

20c. TIME OF INJURY Hour 815 p.m. Month, Day, Year 10 15 59 1959 about 815 p.m. October 15th car operated by Perry Rollins

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 214 Street

20f. CITY, TOWN, OR LOCATION St Louis — COUNTY — STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 218 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 10.19.59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-20-59

23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG. OCT 19 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Reinhold F. Lohrmann

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis 35

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.