URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

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Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12182

60-047448
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A.City Hosp.
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis,
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3959 Eiler Ave.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LEROY Middle GEORGE Last ECKSTEIN
4. DATE OF DEATH: Month Dec. Day 17th, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-16-1940
9. AGE (last birthday): 20
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): Apprentice Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Mirax Chem.Co.
11. BIRTHPLACE (City and state or country): St.Louis,Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Eckstein
13b. MOTHER'S MAIDEN NAME: Ida C. Stuesse
14. NAME OF HUSBAND OR WIFE: ---
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.: 497-44-4686
17. INFORMANT: Address: Joseph Eckstein-3959 Eiler Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural Hemorrhage, Suffered when
DUE TO (b) when struck by car driven by Robert
DUE TO (c) Van Dorn in front of 4415 Nebraska, about 1130 a.m, Dec. 17, 1960.
Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.) See above
20c. TIME OF INJURY: Hour 1130 a.m. p.m. Month, Day, Year 12-17-60
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.): 24 street
20f. CITY, TOWN, OR LOCATION: St Louis Mo COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her him alive on ____
Death occurred at 2⁰⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick E. Taylor (Degree or title) Coroner
22b. ADDRESS: 300 Clark Ave.
22c. DATE SIGNED: 12.19.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec.20,1960
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis County, Mo.

24. FUNERAL DIRECTOR: Kriegshauser
ADDRESS: 4228 S.Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: DEC 19 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wilbur B. White

Signature of Student Embalmer

Licensed Embalmer No. 1291

P. O. Address 328 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.