

DATE AMENDED
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		a. STATE MISSOURI b. COUNTY JEFFERSON	
Length of stay in 1b 42 DAYS		c. CITY OR TOWN ARNOLD	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSPT.		d. STREET ADDRESS (if outside, give location) 103 KATHRYN LANE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
ELMER	H.	ECKSTEIN	AUGUST	1	1961	

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/23/19	9. AGE (last birthday) 42	IF UNDER 1 YEAR Months 2 Days 9	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHEET METAL WORKER	10b. KIND OF BUSINESS OR INDUSTRY Southern Eqt. Co.	11. BIRTHPLACE (City and state or country) UNION, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ED ECKSTEIN	13b. MOTHER'S MAIDEN NAME ROSIE SCHMITT	14. NAME OF HUSBAND OR WIFE MARY ECKSTEIN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	17. INFORMANT Address MARY ECKSTEIN, WIDOW, SEE #2
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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)	Craniopharyngioma of 3rd Ventricle, resected 7/6/61	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	224X	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. NA attended the deceased from 6/20/61 to 8/1/61 and last saw XPEC him alive on 8/1/61	
Death occurred at 10:50 P.m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>W. J. Peterson</i>	(Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 8/2/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-5-61	23c. NAME OF CEMETERY OR CREMATORY Mt Olive Cem.	23d. LOCATION (City, town, or county) Lemay, Mo.
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24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 4 1961	26. REGISTRAR'S SIGNATURE <i>W. J. Peterson M.D.</i>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Klitschke

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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