

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035678

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 52

VS 300
Rev. 4/59

1 0810

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 15 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Phelps</u>	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. James</u>	a. STATE <u>MO.</u> b. COUNTY <u>Phelps</u>
Length of stay in lb <u>5 1/2 yrs</u>	c. CITY OR TOWN <u>ST. James, MO.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Soldiers Home Hosp</u>	d. STREET ADDRESS (If outside, give location) <u>✓</u>
3. NAME OF DECEASED (Type or print)	
First <u>Mollie</u>	Middle <u>Eckerich</u>
4. DATE OF DEATH	
Month <u>Oct.</u>	Day <u>10</u> - Year <u>'62</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-1871</u>
9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
11. BIRTHPLACE (City and state or country) <u>ST. Louis, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ohmeis</u>	13b. MOTHER'S MAIDEN NAME <u>Do Not Know</u>
14. NAME OF HUSBAND OR WIFE <u>FRANK ECKERICH</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>
16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT <u>John Eckerich - 514 Bunker Perry St, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>cerebro-vascular accident</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
DUE TO (b) <u>arteriosclerosis</u>	
DUE TO (c)	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>✓</u>	
20c. TIME OF INJURY Hour a.m. p.m. 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
21. I attended the deceased from <u>12/29/61</u> to <u>10/10/62</u> and last saw her alive on <u>10/10/62</u> Death occurred at <u>9:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Ruth B. Powell</u>	22b. ADDRESS <u>Phelps MO</u>
22c. DATE SIGNED <u>10/11/62</u>	22d. NAME OF CEMETERY OR CREMATORY <u>ST. MARCUS Cem.</u>
22e. LOCATION (City, town, or county) (State) <u>ST. Louis, MO.</u>	22f. DATE RECD. BY LOCAL REG. <u>10-11-62</u>
22g. REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u>	22h. ADDRESS <u>Oral & Lieblow - St James, MO.</u>

OCT 16 1962

Received 10-11-62 RJP

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Orrel E. Lickel

Licensed Embalmer No.

3546

P. O. Address

St James

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.

Handwritten notes at the bottom of the page, including "Burial in the..." and other illegible text.