

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-039243  
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5394 Registrar's No. 131

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10500

20500

3

4 0

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11

12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. <del>DECLARED</del> <b>NOV 7 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jefferson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>High Ridge</u>		c. CITY OR TOWN <u>High Ridge</u>	
Length of stay in lb <u>17 yrs</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 1, High Ridge</u>		d. STREET ADDRESS (If outside, give location) <u>Riute 1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lawrence E. Eckhard</u>		4. DATE OF DEATH Month Day Year <u>Oct 23 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 12 97</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>11</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tile &amp; terrazzo</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>George Eckhard</u>	
13b. MOTHER'S MAIDEN NAME <u>Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Eckhard</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>[REDACTED]</u>	
17. INFORMANT <u>Theresa Eckhard</u>		Address <u>High Ridge R 1 Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Trachea - Metastatic Ca Lungs - Bilateral</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m.			
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 <u>High Ridge</u>		COUNTY <u>Jefferson</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>June 6, 1962</u> to <u>10-23-62</u> and last saw her/him alive on <u>Oct 15, 1962</u> Death occurred at <u>10:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph E. Carney MD</u> (Degree or title)		22b. ADDRESS <u>3601<sup>st</sup> So Jefferson</u>	
22c. DATE SIGNED <u>10-24-62</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/26/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
24. FUNERAL DIRECTOR <u>Frohwitter-Miller High Ridge, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-26-62</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

USE BLACK INK OR TYPEWRITER RIBBON

Joseph E. Barney  
3001a La. Wilson  
Pr. 3-2500

NOV 8 1962

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 Neville B. Threlketter

Licensed Embalmer No. 3696  
P. O. Address High Ridge 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.