N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 14 1935

Do not use this space.

42025

File No. 1357

Registered No.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. 1324 North 25th. St. Ward)

2. FULL NAME Edmond Jacques Eckel

(a) Residence, No. 1324 No. 25th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie L. Eckel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1845.

7. AGE: Years 39 | Months 5 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect, 9a

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 9b

10. Date deceased last worked at this occupation (month and year) December 1934,

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasbourg, Alsace, France,

FATHER

13. NAME Philipp Jacques Eckel,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasbourg, Alsace France,

MOTHER

15. MAIDEN NAME Louise Elizabeth Caroline Schweighaeuser,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasbourg, Alsace, France,

17. INFORMANT George R. Eckel
(ADDRESS) 1324 No. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moria Cem. DATE Dec. 14, 1934

19. UNDERTAKER Nelson Byrne & Brunner
(ADDRESS) 519 So. 10th. St. Funeral Home

20. FILED JAN 15 1935 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1924, to Dec. 12, 1934
I last saw him alive on Dec. 10, 1934 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1/1/29
Arteria - Sclerosis	1/1/25

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. S. Hymanel, M. D.
(Address) 5 2d Francis St Joseph Mo.