57

CT 24 1928

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

Do not use this space.

21970 a

1. PLACE OF DEATH

County Lincoln — Registration District No. 972 — File No. 6

Township Clark — Primary Registration District No. 5652 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME August S. Eckstein

(a) Residence. No. Moscow Mills Mo St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bertha Eckstein

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 3rd 1859

7. AGE: 70 YEARS — MONTHS: 4 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farming

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS

10. NAME OF FATHER: Casper Eckstein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

12. MAIDEN NAME OF MOTHER: Bert Kunz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT (Address): R. E. Eckstein Kirkwood Mo

15. FILED June 13, 1929. H. A. Shepherd, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to June 9, 1929, that I last saw him alive on June 1, 1929, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of heart

92A

97

..... (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. E. Barnett, M. D

6/10, 1929 (Address) 707 Sherwood Rd Kirkwood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Anderson Cemetary — DATE OF BURIAL: June 13 1929

20. UNDERTAKER: Kempen Bros — ADDRESS: Lesy Mo.

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