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.

JUL 28 1931

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

Do not use this space.
22698

1. PLACE OF DEATH
County St. Louis, Mo. Registration District No. 1123 File No.
Township CARONDELET Primary Registration District No. 248 B. Registered No. 239
City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Chris. W. Eckert,
(a) Residence, No. 243 E. Collinsville Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) E. St. Louis, Ills.
Length of residence in city or town where death occurred un yrs. kn mos. own. 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) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - - - - - - - - - - - - -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1886
7. AGE YEARS 44 MONTHS 9 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman. 192
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.
10. Date deceased last worked at this occupation (month and year) Unavailable.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Illinois.

FATHER
13. NAME Unavailable.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

MOTHER
15. MAIDEN NAME Unavailable.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) W. C. Gibson, Medical Officer In Charge U.S. Veterans Hospital, Jefferson Brks, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis Ill DATE July 1st 1931
19. UNDERTAKER (ADDRESS) Brichler and Co. E. St. Louis Ill
20. FILED June 29 1931 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1931. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1929, 19, to June 29, 1931, 19
I last saw him alive on June 29, 1931, 19 Death is said to have occurred on the date stated above, at 2:20 m. AM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the insane.	
82	
83	

Other contributory causes of importance:

Name of operation - - - - - - - - - Date of
What test confirmed diagnosis? Physical, X-Ray & Laboratory findings 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?
If so, specify
(Signed) W. C. Gibson, Medical Officer In Chg.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.