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

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.

SEP 25 1931

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

Do not use this space.

29244

1. PLACE OF DEATH
County Ste. Genevieve — Registration District No. 780 — File No.
Township Ste. Genevieve — Primary Registration District No. 6025 — Registered No. 62
City ..... (No. ..... St. ..... Ward)

2. FULL NAME FRANK X. ECKENFELS
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 WILLAMENIA ARMBRUSTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 2 1853

7. AGE: YEARS 78 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STE GENEVIEVE, CO. MISSOURI.

FATHER
13. NAME SEVERIN ECKENFELS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BADEN GERMANY

MOTHER
15. MAIDEN NAME CATHERINE KIEFER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BADEN GERMANY

17. INFORMANT (ADDRESS) MRS. Willamenia Eckenfels Ste. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gill Mo DATE Aug 28 1931

19. UNDERTAKER (ADDRESS) John Basler Ste. Genevieve Mo

20. FILED Aug 27 1931 T. W. Douglas Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 - 1931

22. I HEREBY CERTIFY, That I attended deceased from July 7 - 1929, to Aug 26 - 1931
I last saw him alive on Aug 25 - 1931. Death is said to have occurred on the date stated above, at 3 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis -	2
57A	
97	
57	

Other contributory causes of importance:

arthritis deformans -	1924

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) R. W. Laeming, M. D.
(Address) Ste. Genevieve, Mo -

1931-8-26
1853-1-2
78-7-24

1931
78
1853