

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

Do not use this space.

42501

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 2000B
City St. Louis, Mo. (No. 7325 Minnesota)

File No. 12412
Registered No. 12412
St. Ward)

2. FULL NAME

Monroe Eckert

(a) Residence, No. 7325 Minnesota St. 1 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Eckert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 10 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 30 years

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

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) Columbia, Illinois

13. NAME John G. Eckert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Clara Bauer 7325 Minnesota

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus DATE 12-16 1931

19. UNDERTAKER (ADDRESS) Southern Undertaking Co 6320 50 Grand

20. FILED 12 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Dec 13, 1931.
I last saw him alive on Dec 12, 1931. Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:
93C

Other contributory causes of importance: 97
Chronic Myocarditis
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) Paul W. Brown M. D.
(Address) 7502 Olive

01/10/10