

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

Do not use this space.

18505

1. PLACE OF DEATH

County Marion
Township Barrette
City (No. _____) _____ St. _____ Ward _____

Registration District No. 884
Primary Registration District No. 6176

File No. _____
Registered No. 18

2. FULL NAME Louis Henry Eckelkamp

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elisabeth Eckelkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 7 9

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

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) May 21-32 11. Total time (years) spent in this occupation 12 y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord Hill, Missouri

13. NAME Joseph Eckelkamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Elisabeth Nobes

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

17. INFORMANT Clara Mebruer (ADDRESS) Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL. PLACE Concord Hill DATE May 25 1932

19. UNDERTAKER Fred Wichterberg (ADDRESS) Marthasville Mo

20. FILED May 23, 1932 J. Johnson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23 1932, to May 23 1932

I last saw him alive on May 22 1932 Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Chr. myocarditis 2 year
93C
95B D 93C

Other contributory causes of importance:

Acute cardiac dilatation

Name of operation none Date of _____
What test confirmed diagnosis? clinical 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) Arthur H. Dehnerd, M. D.

(Address) Marthasville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

