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.

REC'D MAY 1 1938

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

Do not use this space. 12617

Registration District No. 2 791

Primary Registration District No. 1009

Registered No. 3221

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis (d) Street No. 4516 S. Compton Ave. St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Barbara Eckrich 262

(a) Residence, No. 4516 S. Compton Ave. St. 15

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Joseph Eckrich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 18-1870.

7. AGE: Years 68 | Months 0 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Germany

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Joseph Eckrich

(ADDRESS) 4516 S. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset B. Park DATE April, 6- 1938

19. FUNERAL DIRECTOR Wacker-Helderle

(ADDRESS) 2331 S. Broadway

20. FILED APR 5 1938, 19.... J. E. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 3nd. 1938

22. I HEREBY CERTIFY, That I attended deceased from March, 1933, to April 31, 1938

I last saw h. alive on April 3, 1938. 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:

	Date of onset
Carcinoma of heart	

Other contributory causes of importance:

General Metastasis	

Name of operation Removal of heart Date of 3-21-33

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None

(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 None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Mann M. D.

(Address) 5. Sit Neff Ex. bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hylund, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Sue

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Hylund

Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)