BEN DEC 12 1938

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

37307
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... 2 Registration District No. 1003
(b) Township ..... 1 Primary Registration District No. ..... Registered No. 9634
(c) City St. Louis (d) Street No. 6318 Virginia 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 260 Susan F. Ecker
(a) Residence, No. 6318 Virginia ave. St. 1
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry C. Ecker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1860

7. AGE: YEARS 78 | MONTHS 8 | DAYS 3 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Niagra on the Lake, Ontario, Canada 2

FATHER
13. NAME: William Whistler Clench
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 2

MOTHER
15. MAIDEN NAME: Nancy Read
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 2

17. INFORMANT (ADDRESS): Dorothy P. Ecker, 6318 Virginia ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine Cem. Nov. 8, 1938

19. FUNERAL DIRECTOR (ADDRESS): C. Hoffmeister U. & L. Co., 7814 S. Broadway

20. FILED NOV 6 1938 J. F. Bredeck, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Nov 5, 1938
I last saw her alive on Nov 3d, 1938. Death is said to have occurred on the date stated above, at 8.20 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis about | 3 mo |

Other contributory causes of importance:
Senility

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) H. A. Mulach M. D.
(Address) 7405 Mich. Av

(Licensed Embalmer's Statement on Reverse Side)

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.
I X12004

## STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by George W. Hoffmeister

L. E. 2426 and

No. ..... or by Neal C. Paulston, Registered Apprentice No. I39

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

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