REC'D MAY 10 1939

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

13461
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. 3803
(c) or City St. Louis (d) Street No. 2707a S. 7th St. 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.

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2. PRINT FULL NAME William Eccardt
(a) Residence, No. 2707a S. 7th St. St. 23
(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: 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: Kate
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31, 1853
7. AGE: Years 85, Months 7, Days 23, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Labor work
9. Industry or business in which work was done, as saw mill, bank, etc.: Fox Lumber Co.
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): Unknown 9

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Emil Stobbe, 4637 Tieman Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE Apr. 27, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle, 2331 S. Broadway
20. FILED APR 24 1939 J. F. Bulick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1939, to Apr. 24, 1939
I last saw him alive on Apr. 23, 1939. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yr
Chronic Interstitial Nephritis	5 yr

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) R. B. Kane, M. D.
(Address) 2002 So. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frank J. Wyland Sr., Registered Apprentice No.....

working under my personal supervision.

Signed Frank J. Wyland Sr.

Licensed Embalmer No. 2645

P. O. Address St Louis Mo.

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

If this body is not embalmed, above space should be left blank.