DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 24 1939 SEP 1 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30125

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1504

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Affton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Affton (If outside city or town limits, write "RURAL")

(d) Street No. 9016 Mathilda (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME Herman Eckert 263

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 24th 1874 (Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Not known (City, town, or county) Germany (State or foreign country)

10. Usual occupation Chauffeur 6

11. Industry or business

FATHER
12. Name Herman Eckert 6
13. Birthplace Not known (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katie Eckert

(b) Address 9016 Mathilda

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/39 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John L Zugenheim & Sons

(b) Address 7027 Gravois

19. (a) AUG 2 - 1939 (Date received local registrar) (b) F R Meyer M D Dr P H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 22 day 1939 year 8 hour — minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1939, to Aug 22, 1939, that I last saw him alive on Aug 22, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis - decompensated Generalized	3 yrs
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature 707 Pierce W. Towers (M. D. or other) M. D.

Address 253180 Jefferson Date signed 8/24/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937a Gran

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

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