DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 22 1939
REC'D SEP 7 1939

Registration District No. 78

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30214

Primary Registration District No. 200

Registrar's No. 1490

1. PLACE OF DEATH: 2

(a) County St Louis

(b) City or town Overland
(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
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County St Louis

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

(d) Street No. 8710 Elliott
(If rural, give location)

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

3. (a) PRINT FULL NAME Rose Eccardt 263

3. (b) If veteran, name war ////////////

3. (c) Social Security No. ////////

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Eccardt

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov 25 1891 (Month) (Day) (Year)

8. AGE: Years 47 Months 8 Days 24 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business Own home 7

FATHER
12. Name Anton Schmitt
13. Birthplace France (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature x Wm Eccardt
(b) Address 8710 Elliott Overland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1939 (Month) (Day) (Year)
(c) Place: burial or cremation New S S Peter & Pauls Cem

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) AUG 22 1939 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1939 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1938, to Aug 19, 1939;
that I last saw her alive on Aug 18, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	Jan 4, 1939
Due to Hypertension	1935
Due to Nephritis - Chronic	1937
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131

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 Herman J Kleeke (M. D. or other) M.D.
Address 9621 Lofstad Date signed 8-21-39

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Al C Ortmann

Licensed Embalmer No.....3478

P. O. Address.....

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.