

Registration District No. **791** Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: **1000**
(a) County **3**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **enroute to city hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **William F. Eckert** **263**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mildred Eckert** 6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **October 20 1902**
(Month) (Day) (Year)

8. AGE: Years **37** Months **1** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **City Fireman**

11. Industry or business _____
12. Name **William Eckert**
13. Birthplace **Millstadt Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Lena Le Juene**
15. Birthplace **Canada**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mildred Eckert**
(b) Address **5730 Winona Ave.**

17. (a) **Burial** (b) Date thereof **12-19-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuar**
(b) Address **4228 So. Kingshighway**

19. (a) **DEC 18 1939** (Date received local registrar)
J. Handcock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **1**
(c) City or town **St. Louis** **14**
(If outside city or town limits, write "RURAL")
(d) Street No. **5730 Winona Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **16th**
year **1939** hour **6** minute **00** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic Hemorrhage due to severe laceration of lung by fractured ribs and laceration of the spleen** Duration _____
Due to **Suffered when struck by Chevrolet coach driven by one Frank Neil on highway south of Brooklyn St. about 5:30 P. M. Dec. 16-1939 while deceased was attending fur**

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **Of the chest: Fractured ribs and laceration of the spleen. Of the abdomen: Hemorrhage.** PHYSICIAN _____
Underline the cause to which death is charged medically.

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

(a) Accident, suicide, or homicide (specify) **Accident - automobile**

(b) Date of occurrence **12/16/39**

(c) Where did injury occur? **5730 Winona Ave.** (City or town) (County) (State)

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

23. Signature **Joseph W. Sullivan** (M. D. or other) **4**
Address **Deputy City Physician** (Date signed) _____

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.

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 *Edwin M. Heruath*

Licensed Embalmer No. *3014*

P. O. Address.....

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.)

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