No. 2
4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 961

Registration District No. 91 Primary Registration District No. 1003 Registrar's No. 961

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 1716
(If outside city or town limits, write "RURAL")

(d) Street No. 3437 Chippewa St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Baby Eckhardt

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Newborn 3

6. (b) Name of husband or wife Newborn.

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

7. Birth date of deceased January 2, 1941
(Month) (Day) (Year)

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name Frank Eckhardt
13. Birthplace / Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Carrie Grobe
15. Birthplace / Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 41 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. F. White
(b) Address City Hospital No 1

19. (a) JAN 29 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10, year 1941 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from January 2, 1941 to January 10, 1941 that I last saw her alive on January 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to	
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 0

23. Signature M. M. Earl (M. D. or other)
Address 1515 Lafayette Ave. Date signed 1/13/41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.