

No. 2
-1-4-41
5-17-39
-1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26228

FILED AUG 8 1941

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1442

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
822 Regina Ecn
(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 38 yrs.

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 821 Regina
(If rural, give location)

(e) Citizen of foreign country? 50 yrs. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Valantine Eckerle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male ()

5. Color or race white

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

6. (b) Name of husband or wife Rose Eckerle

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 5 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business no employed

MOTHER, FATHER

12. Name Leonard Eckerle

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Zimmermann

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman J. Eckerel

(b) Address St. Louis, Co., Mo.

17. (a) burial (b) Date thereof July 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 212 26 Michigan

19. (a) JUL 10 1941 (b) R. Regina Ecn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 7, year _____, hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from May 29-41 to July 7 1941 that I last saw him alive on July 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension & Arteriosclerosis

Due to Chronic Bronchitis (non-Tubercular)

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

Duration 6 wks

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Dr. C. O. Rauscher (M.D. or other) MD

Address 390 St. Charles Ave July 8-41

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

X. Gasser
3904 9ec

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

Oliver A. Gasser

Licensed Embalmer No.....

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, fact should be so stated above.