

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

00
117
9

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 20 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2606 Elliott (If rural, give location) 0

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

3. (a) PRINT FULL NAME Nellie Eckhard

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Fred Eckhard 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 21 1965 (Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 26 If less than one day hr. min.

9. Birthplace ST LOUIS MO. 0 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business

12. Name UNK. M. U. N. FERGUSON

13. Birthplace VIRGINIA 1 (City, town, or county) (State or foreign country)

14. Maiden name UNK. M. U. N.

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

16. (a) Informant Fred Eckhard (b) Address 2606 Elliott

17. (a) Burial (b) Date thereof MAY-20-1942 (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEM

18. (a) Signature of funeral director BENJAMIN MICHAUS (b) Address 1431 MARION AVE

19. (a) MAY 19 1942 (b) J. F. Budack (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17, year 1942 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from May 11, 1942, to May 17, 1942 that I last saw her alive on May 17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis Months

Due to

Due to 97

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations

Of autopsy not performed

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Th. Carley (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 5/18/42

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.....

J. Keller 3888

.....
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.