

S. No. 2  
4-13-40  
v. 5-17-39  
I X2315

JUL 13 1942

791

STANDARD CERTIFICATE OF DEATH

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis, Missouri.

(c) Name of hospital or institution: St. Anthony 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 Margaret Eck.

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 Single.

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased November 16th, 1877.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>13</u>	

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

10. Usual occupation Bill Clerk

11. Industry or business \_\_\_\_\_

12. Name Frederick Eck

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

14. Maiden name Elizabeth Traut

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

16. (a) Informant Fred Eck.

(b) Address 3619 Cleon Street.

17. (a) Burial (b) Date thereof July 2, 1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Diagonheim Bros.

(b) Address 6409 Gravois Ave.

19. (a) JUN 30 1942 (b) J. F. Bredeck  
(Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town Saint Louis, 724  
(If outside city or town limits, write "RURAL")

(d) Street No. 3619 Cleon Street.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th.  
year 1942. hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 15  
1942 to June 29 1942  
that I last saw her alive on June 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder (Primary) 8 mo.

Due to \_\_\_\_\_

Due to Diabetes 10 yrs.

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

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Frank J. Stearns (M. D. or other) M.D.  
Address 3924 95th and Bl Date signed 6/30/42

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

00  
17  
9

**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 *Jacques W. Ziegler*.....

Licensed Embalmer No. *2270*.....

P. O. Address *6409 Grassie*.....

**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.**