

ED. MAR. 2 1943 818  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 1615

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3214 Longfellow Blvd.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3214 Longfellow Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert G. Eckhardt

3. (b) If veteran, name war no 3. (c) Social Security No. 210

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Eckhardt 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased August 13, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 6 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation Executive

11. Industry or business Firex Co.

MOTHER FATHER

12. Name Andrew Eckhardt

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

14. Maiden name Henrietta Metz

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

16. (a) Informant Mrs. Anna Eckhardt

(b) Address 3214 Longfellow Blvd.

17. (a) Burial (b) Date thereof Feb. 18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 Grand

19. (a) FEB 18 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16  
year 1943 hour 10 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 1942  
to Feb. 16 1943  
that I last saw him alive on Feb. 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

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

Other conditions lateral Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Carson K. King (M. D. or other) M.D.  
Address 4632 So Grand Date signed 2/17/43

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Mr. A. Klein  
4632 S. Grand  
60145. Kentucky

**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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Duchoway

**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.**