

FILED JUN 19 1943 18

1003

State File No. _____

5356

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5200 Ridge ave
(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. 5200 Ridge ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles A. Eckert

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Adele Eckert 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased December 31 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 65 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation retired

11. Industry or business Iron salesman

MOTHER FATHER

12. Name John Wendell Eckert 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Porschbacher 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Eckert
(b) Address R.R. # 1, Chesterfield, Mo

17. (a) Burial (b) Date thereof June-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Krou Hall Co.
(b) Address 2707 N. Grand Blvd

19. (a) JUN 11 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1-12-36
to 6-9 1943
that I last saw him alive on 6-9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myo carditis, chr. Duration 2 yrs

Due to sequelae of sepsis

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Harford Phillips (M. D. or other) _____
Address 1117 N. Union Blvd Date signed 6-11-43

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

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

Paul F. Knollenberg

Licensed Embalmer No. *2031*

P. O. Address *2707 W Grand*

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.