

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

FILED NOV 10 1943 818

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Idy (Specify whether
In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Baby Boy Eckstein

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 Single

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

7. Birth date of deceased October 27th, 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 15 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name George Eckstein
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Alleen Nickason
15. Birthplace Silex Mo
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address 3511a Kossuth St. Louis, Mo

17. (a) Burial (b) Date thereof Oct. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director George Eckstein

(b) Address 3511a Kossuth St. Louis Mo

19. (a) NOV 1 1943 (Date received local registrar) J. F. Beulich (Registrar's signature)

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. 3511a Kossuth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 1943 hour 2:45 minute _____ M.

21. I hereby certify that I attended the deceased from 10-27-43, 19____, to 10-27-43, 19____;
that I last saw him alive on 10-27-, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Prolaps Hemorrhage

Due to _____
Due to _____

Other conditions None
(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? _____

23. Signature J. B. Kuyper (M. D. or other) _____
Address 100 Dr. Kuyper Date signed _____

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

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.....

Albert Mayfield

Licensed Embalmer No.....

3077

P. O. Address.....

St. Louis Mo

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.