

FILED DEC 29 1943  
Registration District No. 318

Primary Registration District No. ....

Registrar's No. 11359

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:  
Little Sisters of Poor 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 15 Months  
In this community..... 25 Yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....  
St. Louis

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

(d) Street No..... 4222 Ellenwood  
(If rural, give location)

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

3. (a) PRINT FULL NAME..... Kate Eckmayer

3. (b) If veteran, name war..... None

3. (c) Social Security No..... None

4. Sex..... F. 5. Color or race..... W.

6. (a) Single, widowed, married, divorced..... W.

6. (b) Name of husband or wife..... Stephen Eckmayer

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

7. Birth date of deceased..... Aug. 17th., 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 2 9 hr. min.

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

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Joseph Bauerlein 8

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

14. Maiden name..... Unknown 8

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

16. (a) Informant..... John Eckmayer

(b) Address..... 1425 S. 10th., St.

17. (a) Burial (b) Date thereof..... 12-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Arthur J. Donnelly  
3840 Lindell Blvd.

(b) Address.....

19. (a) DEC 19 1943 (b) J. F. Breda  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. 16th., 1943 day 3 hour - 30 minute a.m.

21. I hereby certify that I attended the deceased from  
May 12, 1943 to December 16, 1943  
that I last saw her alive on December 16, 1943  
and that death occurred on the date and hour stated above.

Immediately cause of death..... Chronic Myocarditis  
Duration 27?

Due to..... 9 3

Other conditions..... Acute upper respiratory infection  
(Include pregnancy within 3 months of death) 5 days

Major findings: None  
Of operations..... None

Of autopsy..... None

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 work) (e) Means of injury

Signature..... Bernard H. Kolls (M. D. or other)

Address..... 1302 Lafayette St. Date signed..... 12-18-43

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

MOTHER FATHER

**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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.