S. No. 2
DM—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#40707

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11199

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3483

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5458 Loughborough
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Eckman

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 widowed

6. (b) Name of husband or wife Otto Eckman

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

7. Birth date of deceased June 17, 1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 0 If less than one day hr. min.

9. Birthplace New Albany (City, town, or county) Indiana (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Christ Rosehorn

13. Birthplace Not known (City, town, or county) Germany (State or foreign country)

14. Maiden name Wilke

15. Birthplace Not known (City, town, or county) Germany (State or foreign country)

16. (a) Informant Irvin A. Eckman

(b) Address 5458 Loughborough

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/20/45 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) APR 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1945 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 4/5/45, 19..., to 4/17/45, 19...; that I last saw h. or alive on 4/17/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma of the lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) metastases to right humerus & to kidney

Major findings:
Of operations

Of autopsy Same

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert C. Fritz (M. D. or other)

Address 1515 Lafayette Date 4/18/45

(Licensed Embalmer's Statement on Reverse Side)

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.....C. P. Kidwell.....

Licensed Embalmer No.....3877.....

P. O. Address.....7027 Gravois.....

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.