

S. No. 2
OM-8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18676

5610

Registrar's No.

FILED JUL 14 1945

Registration District No. 218

Primary Registration District No. 1002

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:
3521 Miami Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 64 years
years, months or days) (Specify whether)

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. 3521 Miami Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. GUSTAV P. ECKERT

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 Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 70 years
Mrs. Marie Eckert
7. Birth date of deceased September 19, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 9 7 hr. min.

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

10. Usual occupation Pattern Maker

11. Industry or business Steel Castings

12. Name Julius Eckert

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

14. Maiden name Pauline Gerngross

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

16. (a) Informant Mrs. Marie Eckert

(b) Address 3521 Miami St.

17. (a) Burial (b) Date thereof June 29, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (c) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 9 St. Louis Avenue

19. (a) JUN 28 1945 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 1 - 45 to June 26 45
that I last saw him alive on 6/26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cancer of Liver
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)
Jaundering

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) Manner of injury.....

23. Signature Chas. Hauer MD (M. D. or other)
Address 3152 1/2 Parkway Date signed 6/27/45

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

MOTHER FATHER

Ray A. Ellis
3157 - Paris

10:30 - 12
5:30 - 8

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..... *Glen W. Hay*

Licensed Embalmer No. *3737*

P. O. Address..... *1936 St. Louis*

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.