

S. No. 2
M-5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 12463

FILED MAY 8 1946
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 135

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. FRANCIS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County CAPE GIR. 16
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 5 No. FOUNTAIN
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLGA ECKHARDT
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 13 year 1946
hour 4 minute 30 A. M.

4. Sex FEMALE 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 JULY - 2 - 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-20-45 to 4-13-46
that I last saw IM alive on 4-13 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 9 11 hr. min.

Immediate cause of death
Car accident
Due to _____
Due to _____

9. Birthplace CAPE GIRARDEAU, Mo
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name OTTO ECKHARDT
13. Birthplace GERMANY 4
14. Maiden name BERTHA DITTLINGER
15. Birthplace CAPE GIRARDEAU, Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
462

16. (a) Informant LOUISE ECKHARDT
(b) Address CAPE GIRARDEAU Mo
17. (a) BURIAL (b) Date thereof 4-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmount Gem
18. (a) Signature of funeral director Walthers Und Co
(b) Address Cape Girardeau Mo
19. (a) 4-16-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

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. Signed C. C. Summers (M. D. or other) MD
Address Cape Girardeau Date signed 4/16/46

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

RECEIVED

Health Officer No. 4
File Number 546-202
filed 5-7-46

MAR 24 1947

APR 4 1947

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 *Virgil H. Helch*
Licensed Embalmer No. *4102*
P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.