

U. S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18355

State File No. \_\_\_\_\_

FILED MAY 17 1946  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **4109**

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:  
**4520 Louisiana**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

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. **4520 Louisiana Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Theodore F. Eckert**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **4**  
year **1946** hour **6** minute **A.** M.  
21. I hereby certify that I attended the deceased from **April 30**, 19**46**, to **May 4**, 19**46**  
that I last saw him alive on **May 4**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **Dora**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov. 30 1877**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Hemiplegia**  
**Arterio Sclerosis**  
Due to **Hypertension**  
**Nephritis Glomerular, Chr.**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **68** Months **5** Days **4**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: **none**  
Of operations \_\_\_\_\_  
Of autopsy **no**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_  
12. Name **John C. Eckert**  
13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Johanna Unknown**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Steckhan**  
(b) Address **4520 Louisiana**  
17. (a) **Burial** (b) Date thereof **5/7/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New. St. Marcus**

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? **none**  
(City or town) County \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Wacker-Heldt**  
(b) Address **3634 Gravois Ave.**  
19. (a) **MAY 6 1946** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **Car**  
23. Signature **J. F. Bredek** (M. D. or other) \_\_\_\_\_  
Address **2767 Gravois** Date signed **5-7-46**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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**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..... *Robert Cochran* .....

Licensed Embalmer No. *2128* .....

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.**