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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6216

FILED MAR 11 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2162

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3401a So. Second St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 24 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3401a So. Second St. 9 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles A. Eckenfels

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan. (Month) 2 (Day) 1889 (Year)

8. AGE: Years 58 Months ~~0~~ 1 Days 29 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) C

10. Usual occupation Locomotive Fireman

11. Industry or business Manufacturers R. R.

MOTHER FATHER

12. Name Charles Eckenfelks

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Lena Merriman

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Augusta Eckensfels

(b) Address 3401a So. Second St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 4 47 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 3 (Date received local registrar) (b) 1947 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1947 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 1945, to 3-1-47, that I last saw h alive on 3-1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Myocarditis - Chronic

Due to 1 35 a

Due to

Other conditions (Include pregnancy within 3 months of death) Hypertension, Nephritis, dropsy.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John Lyemler M.D. (Official capacity)

Address 1504 So. Grand Date signed 3-4-47

(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. Richard W. Storesund

Licensed Embalmer No. 4007

P. O. Address.....

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.