

FILED MAR 24 1947
918
Registration District No.

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2413

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1821 Cass ave
(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 Mo (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 267
(d) Street No. 1821 Cass ave
(If rural, give location) 90
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George W. Eckert

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499601-1572

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Ann Eckert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 4 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 8 2 _____ hr. _____ min.

9. Birthplace Waterloo Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Printer 1

11. Industry or business _____

12. Name Wm. H Eckert

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

14. Maiden name Minnie Sum
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Mary Eckert

(b) Address 1821 Cass ave

17. (a) Burial (b) Date thereof 3/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1841 Cass ave

19. (a) MAR 8 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1947
hour 1:00 minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Indistinct Ototoxicosis
Deafness of 8 mos.

Duration _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 12.4

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)

(e) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) 3/9/47

Address 1821 Cass ave Date signed 3/9/47

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

MOTHER FATHER

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

John S. Penneby
Licensed Embalmer No. *4194*
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.