S. No. 2
d—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25495

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 6876

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: Lutheran Hospital (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 ____
(c) City or town Affton (If outside city or town limits, write "RURAL")
(d) Street No. 9725 Lenor Dr. (If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME ROBERTA ECKLES
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late George S.
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Feb. (Month) 12 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
53	5	9	____ hr. ____ min.

9. Birthplace Keytesville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business ____
FATHER 12. Name Samuel W. Ashby
FATHER 13. Birthplace Brunswick (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Mary Tisdale
MOTHER 15. Birthplace Keytesville (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Virginia Swanson
(b) Address 9725 Lenor Dr.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 24 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) JUL 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1947 hour 5:09 minute ____ P. M.
21. I hereby certify that I attended the deceased from 12/19/46, 19____, to 7/21/47, 19____; that I last saw her alive on 7/21/47, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis, Secondary to Bowel Perforation due to Carcinomatosis	
Due to: originating in Ovary	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations Carcinomatosis
Of autopsy ____

PHYSICIAN
Underline the cause of 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 ____
23. Signature J. Lewis Hutton (M. D. or other) M. D.
Address 3606 Gravois Date signed 7/22/47

Jefferson City Printing Co.
(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. Stovesand

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.