S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32467

Registrar's No. 8453

WRITE PLAINLY—USING 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: Stone Nursing Home 4
(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 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Regent Pl. 4
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME BERTHA ECKERT
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Late William
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. (Month) 18 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	5	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Unknown Frolke 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
14. Maiden name Mary Luedde 9
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. C. H. Schoeneberg
(b) Address 904 Regent Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) SEP 5 1947 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep't. day 4 year 1947 hour 4:15 minute P. M.
21. I hereby certify that I attended the deceased from Mar. 1947 to Sept. 4 1947 that I last saw alive on Sept. 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-vascular-Renal failure	(2)
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0
23. Signature E. J. Vollmer (M. D. or other) MD
Address 53 W. Big Bend Webster Gr. Date signed 9/6/47

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.