

S. No. 2
OM-243
v. 5-17-39
X35627

DEPARTMENT OF COMMERCE

FILED SEP 19 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33532

Registration District No. 363

Primary Registration District No. 6236

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Concord Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 years (Specify whether years, months or days)
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town Concord Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph H. Eckelkamp

3. (b) If veteran, name war none
3. (c) Social Security No. none

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

6. (b) Name of husband or wife Josephine Eckelkamp
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 17 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 16
If less than one day br. min.

9. Birthplace Concord Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Storekeeper

11. Industry or business

12. Name Louis Eckelkamp

13. Birthplace Concord Hill Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Glosemeyer

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

16. (a) Informant Delph J. Eckelkamp

(b) Address 2915 1/2 Sidney St. St. Louis, Mo.

17. (a) Burial (b) Date thereof 9 6 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concord Hill, Mo.

18. (a) Signature of funeral director Almont G. Dichterberg

(b) Address Marthasville, Missouri

19. (a) Sept 4/47 (b) [Signature]
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1947 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 3/47 to Sept 3 1947
that I last saw him alive on Sept 3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to atherosclerosis

Due to Hypertension
with atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 3A

Of autopsy

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 0

23. Signature [Signature] (M. D. or other) MD
Address Marthasville, Mo. Date signed Sept 4/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
David H. Hays, Officer, No. 9,
David H. Hays, Number,
Date Recd. SEP 18 1947

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 *Delmont F. Lichtenberg*
Licensed Embalmer No..... 4318
P. O. Address Marthasville, 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.