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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10123
Registrar's No. 2475

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

1. PLACE OF DEATH:
(a) County St. Louis
(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: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5033 Wells Avenue. 9
(If rural, give location)
6
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry A. Eckert
3. (b) If veteran, name war None
3. (c) Social Security No. 493-01-6870
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 2
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 24, (Day) 1895 (Year)

8. AGE: Years 52 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Union, (City, town, or county) Missouri. 0 (State or foreign country)
10. Usual occupation Shoe worker.
11. Industry or business
FATHER
12. Name Joseph Eckert. 2
13. Birthplace Union, (City, town, or county) Missouri. 0 (State or foreign country)
MOTHER
14. Maiden name Margaret Trimble.
15. Birthplace Union, (City, town, or county) Missouri. 0 (State or foreign country)
16. (a) Informant Mr. Raymond A. Eckert.
(b) Address 5044 Wells Avenue.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 12 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1948 hour 8 minute 55 p. M.
21. I hereby certify that I attended the deceased from Jan 29, 1948 to March 10, 1948;
that I last saw him alive on March 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Lannec's cirrhosis of the liver
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

Duration

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 F R Bradley (M. D. or other)
Address Barnes Hospital, Date signed 3/11/48

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.