No. 2
—1/47
—17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

10124

State File No.

FILED APR 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3292

0
17
9

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Deaconess Hospital
(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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5025 Morganford Rd. 9
(If rural, give location)

15 (e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOSEPH P. ECKERT

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sep't. (Month) 28 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Printer

11. Industry or business St. Louis Post-Dispatch

FATHER
12. Name Phillip Eckert
13. Birthplace Columbia (City, town, or county) Ill. (State or foreign country) 1

MOTHER
14. Maiden name Catherine Knippler
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Caroline E. Eckert
(b) Address 5025 Morganford Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-48 (Month) (Day) (Year)
(c). Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 5 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from 3-17- 1948 to 4-4- 1948
that I last saw him alive on 4-3-48 19
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic melano-sarcoma

Due to Primary site- Stomach

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Metastatic melanosarcoma

Of autopsy

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 0

23. Signature F. J. Dean Sauer (M. D. or other) M.D.

Address 916 Mo. Theat. Bldg. Date signed 4-5-48

Sauer

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

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.