

FILED JUL 15 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20826

6002

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Barnes Hospital,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hrs. + 20 min.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ethel Marie 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 Married
 6. (b) Name of husband or wife Kenneth
 6. (c) Age of husband or wife if alive 32 years
 7. Birth date of deceased Nov. 8 1915
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>32</u>	<u>7</u>	<u>27</u>	hr.	min.

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

10. Usual occupation Secretarial Work11. Industry or business Universal Prtg. Co.12. Name Claude H. Oatley

13. Birthplace London England
 (City, town, or county) (State or foreign country)

14. Maiden name Gertrude Keller

15. Birthplace Nashville Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Eckert(b) Address Box 638 Ferguson, Mo.

17. (a) Burial (b) Date thereof 7-8-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Kriegshauser Und. Co.(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 6 1948 (b) J. F. Bradley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 196
 (c) City or town Ferguson
 (If outside city or town limits, write "RURAL")
 (d) Street No. Box 638 RR 10
 (If rural, give location)
 (e) Citizen of foreign country? NR (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1948 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 14, 1948
 to July 5, 1948

that I last saw her alive on July 5, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death acute pericarditis & shock 3 wk.
 Duration

Due to Ruptured lung abscess
non-tubercular cause
 Due to not known

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy acute pericarditis
& lung abscess

PHYSICIAN

Underline the cause to 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. F. Bradley (M. D. certificate)
 Address Barnes Hospital Date signed 7/6/48

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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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.