

S. No. 2  
-12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41424  
10662  
Registrar's No. 10662

FILED DEC 23 1948  
318

Registration District No. 318 Primary Registration District No. 1003

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:  
3816a St. Ferdinand  
(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)

3. (a) PRINT FULL NAME Vere Eckman  
3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single; widowed, married, divorced Married  
6. (b) Name of husband or wife Albert Eckman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 29 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 5 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Edward Charlton

13. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Wessel

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

16. (a) Informant Albert Eckman

(b) Address 3816a St. Ferdinand

17. (a) Burial (b) Date thereof 12/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. [Signature]

(b) Address 1399 Union Blvd.

19. (a) DEC 9 1948 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3816a St. Ferdinand Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7  
year 1948 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 10 - 48  
1948 to Dec 4th 1948  
that I last saw her alive on Dec 4th 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 1316A St. Grand Date signed 12-9

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

MOTHER FATHER

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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.....

*Ronald Yahrhe*

Licensed Embalmer No. 3917

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.**