

FILED APR 8 1949 STANDARD CERTIFICATE OF DEATH

9080

State File No.

No. 300
10.48
5700

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

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5678</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Lincoln County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>RR#1</u> b. COUNTY <u>SILEX MO</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR. 1 SILEX MO</u>		c. LENGTH OF STAY (In this place) <u>3 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mavery</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>1 mi N. of Siley</u>					
3. NAME OF DECEASED (Type or Print) <u>EDWARD E. ECKLES</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3 16 49</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Apr 23 1876</u>			
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>10</u>		11. DAYS <u>23</u>		9. AGE (In years last birthday) <u>72</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>John Eckles</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Wilhelmina Edward Eckles</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-10-8901</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs CLARENCE HENNE</u> ADDRESS <u>ST LOUIS</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis.</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Dec. 1947</u> to <u>March 14 1949</u> , that I last saw the deceased alive on <u>March 19 1949</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. M. Penix D</u>				23b. ADDRESS <u>Siley - Mo</u>		23c. DATE SIGNED <u>3-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 18 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM CEMETERY</u>		24d. LOCATION (City, town; or county) (State) <u>ST LOUIS COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>3/16/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. A. Dwyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Penix & Co.</u>		ADDRESS <u>6633 Clayton St.</u>			

RECEIVED
District Health Officer No. 9
District File Number
Date Filed APR 7 1949

APR 8 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ernest W. Spiller

Licensed Embalmer No. _____

4080

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.

2/1/49