

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24754
6837

BIRTH NO. 52045-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Mo. (township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. STREET ADDRESS (If rural, give location) RR - R. #6 Box #1050	
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Eckelhoff c. (Last) Lucia #1		4. DATE OF DEATH (Month) (Day) (Year) Aug., 5, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 4, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Lawrence Eckelhoff	
13b. MOTHER'S MAIDEN NAME Fredia Lensing		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Lawrence Eckelhoff, R. #6, Box 1050 Sappington, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bact * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Placenta Praevia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 30 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION non dev	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 129 776X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 4, 1949, to Aug 5, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. Kousantou M.D.		23b. ADDRESS 7420 Michigan	
23c. DATE SIGNED Aug 5, 1949			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Aug, 6, 1949	
24c. NAME OF CEMETERY OR CREMATORY Assumption,		24d. LOCATION (City, town, or county) (State) Mattesee, Mo	
DATE REC'D BY LOCAL REG. 1949 AUG 6		REGISTRAR'S SIGNATURE J. B. Sasser	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und., 7420 Michigan, Ave.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

Not Embalmed

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.....

Licensed Embalmer No.

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.