

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10380

State File No. ....

318

1003

2555

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		b. COUNTY	
c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 205a Dodier Street		d. STREET ADDRESS (If rural, give location) 10 3205a Dodier Street	

3. NAME OF DECEASED a. (First) Minnie		b. (Middle)		c. (Last) Echterhoff		4. DATE OF DEATH (Month) (Day) (Year) March 14th, 1950	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 9th, 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Michael	13b. MOTHER'S MAIDEN NAME Charlotte (Unknown)	14. NAME OF HUSBAND OR WIFE Late Henry C. Echterhoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Dr. H. Echterhoff, 3205a Dodier Street	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Bladder</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
	ANTECEDENT CAUSES Morbid 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. <i>myocarditis etc</i>		

19a. DATE OF OPERATION <i>8/26/49</i>	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma Bladder</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>1871</i>
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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?
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22. I hereby certify that I attended the deceased from *Aug 14, 1947*, to *12-9, 1949*, that I last saw the deceased alive on *12-9, 1949* and that death occurred at *8:40 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H. Echterhoff M.D.</i>	(Degree or title)	23b. ADDRESS <i>607 N. Grand, St. Louis 3, Mo.</i>	23c. DATE SIGNED <i>Mar. 16 1950</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/17/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Saint Johns Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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DATE REC'D BY LOCAL <i>MAR 17 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Sarator</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Calvin F. Feutz</i>	ADDRESS <i>4828 Natural Bridge Blvd.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Ralph C. Linders

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo

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.