

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10381

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2357**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo.		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If rural, give location) 6745 Mitchell Ave.				
3. NAME OF DECEASED (Type or Print) MARIE		a. (First)		b. (Middle) M.		
		c. (Last) ECKERT		4. DATE OF DEATH (Month) (Day) (Year) March 9 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
		Housework		8. DATE OF BIRTH 1880 March 11, 1879		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 2 HRS. 69 70- Months Days Hours Min.		
				11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D		
13a. FATHER'S NAME Henry Junge		13b. MOTHER'S MAIDEN NAME Marie Beckmann		14. NAME OF HUSBAND OR WIFE Henry J. Eckert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Eckert 6745 Mitchell Ave.		
18. CAUSE OF DEATH (Write only one cause per line for (a), (b), and (c)) <i>See back page</i> <i>16 11</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 8 months
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Parenchyma Lung</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>Secondary Anemia</i>				
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) <i>162X</i>		
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 <i>June 8, 1949</i> , to <i>March 9, 1950</i> , that I last saw the deceased alive on <i>March 9, 1950</i> , and that death occurred at <i>6:10 P.M.</i> , from the causes and on the date stated above.						
23a. SIGNATURE <i>Thermon Greene M.D.</i>			23b. ADDRESS <i>4500 Olive St</i>		23c. DATE SIGNED <i>3/10/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Mar. 13, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New Pickers Cemetery</i>		
				24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>MAR 10 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser 4228 S. Kingshighway Bl</i>		

4500  
Dine  
1-4

**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 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 with the above constitutes grounds for revocation of license.)

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 10381

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2357

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth death

for Marie M. Eckert died 3-9-1950, 19\_\_\_\_, in the State of

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read March 11-1880

Instead of \_\_\_\_\_ March 11-1879

Item No. 9 should read Age 69

Instead of \_\_\_\_\_ Age 70

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Frank T. Deter Fun. Dir. Relationship.

4228 S. Kingshighway

Present Address.

Subscribed and sworn to before me this 27 day of Mar., 19450

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.