

FILED AUG 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25715  
Registrar's No. 2816

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH  
a. COUNTY St. Louis 4009  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay, Mo.  
c. LENGTH OF STAY (In this place township) 41 Years 86  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 771 Lemay Ferry Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay, 4860  
d. STREET ADDRESS (If rural, give location) 771 Lemay Ferry Road

3. NAME OF DECEASED (Type or Print)  
a. (First) Anna b. (Middle) Eckhardt c. (Last) Eckhardt

4. DATE OF DEATH (Month) (Day) (Year)  
July 31, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 11, 1886

9. AGE (In years last birthday) 65  
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At. Home

11. BIRTHPLACE (State or foreign country) Europe 8

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME ? Weber

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Wentzel Eckhardt

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Anthony Eckhardt, 5852 Lotus St.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial Failure  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arterio sclerosis  
DUE TO (c) Diabetes Mellitus  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
260X

INTERVAL BETWEEN ONSET AND DEATH  
25 yrs  
20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1950, to 7-6, 1951, that I last saw the deceased alive on 7-6, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Nestor M.D. (Degree or title)

23b. ADDRESS 5600 S. Compton

23c. DATE SIGNED 8-1-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Aug. 3, 51

24c. NAME OF CEMETERY OR CREMATORY Mt. Olive

24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

DATE REC'D BY LOCAL REG. 8/1/51 REGISTRAR'S SIGNATURE Herbert C. Donker 7710

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co, 7420 Michigan Ave.

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

To Neely S.W. 3383  
1 to 3 P.M. Today.

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ronald O. Yoshiko*

Signed.....  
Student Embalmer

Licensed Embalmer No. *31917*

P. O. Address *St. Louis*

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.