

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

7946

State File No.

FILED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 115^B PRIMARY REG. DIST. NO. 5433 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u> <u>1360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beaufort Mo R#R.</u>		d. STREET ADDRESS (If rural, give location) <u>Beaufort Mo R#R.</u>	

3. NAME OF DECEASED (Type or Print) <u>Charles E. Eckstein</u>	a. (First) <u>Charles</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Eckstein</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>Apr 6, 1942</u>	9. AGE (In years last birthday) <u>9</u> Months <u>11</u> Days <u>4</u>	IF UNDER 1 YEAR Hours Min.	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)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>R</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Dodridge Eckstein</u>	13b. MOTHER'S MAIDEN NAME <u>Fella Skuskopf</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Dodridge Eckstein</u> ADDRESS <u>Beaufort Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Life time</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>7544</u>
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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 11-13 to 3-10, 1952, that I last saw the deceased alive on 1-20, 1952, and that death occurred at 11:58 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. Matthews, M.D.</u> (Degree or title)	23b. ADDRESS <u>Beaufort, Mo.</u>	23c. DATE SIGNED <u>3-10-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 12, 1952</u>	REGISTRAR'S SIGNATURE <u>J. D. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Lemme</u> ADDRESS <u>Beaufort Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

360

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 _____

E. H. Temme

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

E. H. Temme

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.