

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21951**
Registrar's No. **5452**

318

1003

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) 6 weeks d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239 d. STREET ADDRESS (If rural, give location) 23 2006 S. 11th St.					
3. NAME OF DECEASED (Type or Print), HENRY a. (First) _____ b. (Middle) _____ c. (Last) ECKHOFF		4. DATE OF DEATH (Month) (Day) (Year) JUNE 11, 1952						
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 19, 1929	9. AGE (In years) (Months) (Days) 22 8 22	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (State or foreign country) Washington Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John E. Eckhoff			13b. MOTHER'S MAIDEN NAME Mandy Emily		14. NAME OF HUSBAND OR WIFE Monerel Paulson			
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 John E. Eckhoff Monerel Paulson				

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia & hyperpotassemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 mos 10 yr
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 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)		
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? 592X		

22. I hereby certify that I attended the deceased from 4-27-52, 19 , to 6-11-52, 19 , that I last saw the deceased alive on 6-11-52, 19 , and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Andrew L. Hater M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 6-11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-14-52	24c. NAME OF CEMETERY OR CREMATORY Barlow Cemetery	24d. LOCATION (City, town, or county) (State) Washington Co. Mo.
DATE REC'D BY LOCAL REG. JUN 13 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Luther Sparks Potosi Mo.

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 Murphy S. Spahr

Licensed Embalmer No. 4236

P. O. Address 17th River

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.