

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25744

7060

FILED JUL 31 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2179 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firman-Desloge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>17 4249 Cleveland</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>George</b>		b. (Middle) <b>F.</b>		c. (Last) <b>Eckermann</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		4. DATE OF DEATH <b>July 20, 1952</b>	
8. DATE OF BIRTH <b>April 27, 1864</b>		9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Clerk</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frederick Eckermann</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Armbruster</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha Eckermann</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leona Hagenow, 4249 Cleveland</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Sigmoid Colon</b>  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. <b>Arteriosclerotic Heart Disease 5 yrs</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
19a. DATE OF OPERATION <b>7/17/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Recurrent Carcinoma of Colon</b>				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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>153X</b>			
22. I, hereby certify that I attended the deceased from <b>Sept 13, 1952</b> , to <b>July 20, 1952</b> , that I last saw the deceased alive on <b>July 20, 1952</b> and that death occurred at <b>11:15A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>James T. Houston M.D.</b>				23b. ADDRESS <b>634 N. Grand</b>		23c. DATE SIGNED <b>7/22/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/23/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery St. Louis, Missouri</b>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>JUL 2-2 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PROVOST UND. CO., 3710 N. Grand Blvd</b>			

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

Mo. Master 10/11/11  
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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.....

*Anthony Bonn*

Signed.....

Student Embalmer

Licensed Embalmer No. *4615*

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.