

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37242**

FILED OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2620

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town): Lemay		c. CITY (If outside corporate limits, write RURAL and give township): Lemay 4860	
c. LENGTH OF STAY (In this place): 47 yrs		d. STREET ADDRESS (If rural, give location): 773 Lemay Ferry Road 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 773 Lemay Ferry Road			

3. NAME OF DECEASED (Type or Print)	a. (First) Peter	b. (Middle) P.	c. (Last) Eckhardt Sr.	4. DATE OF DEATH (Month) (Day) (Year) October 9, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 29, 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bake ry Oven Builder	10b. KIND OF BUSINESS OR INDUSTRY Contracting	11. BIRTHPLACE (State or foreign country) Austria 4	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown Eckhardt	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Magdalen
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME William Eckhardt	ADDRESS 773 Lemay Ferry Road
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pectus Inoperable		
	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.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 154X	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)
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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?
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22. I hereby certify that I attended the deceased from 2/19, 1952, to 10/9, 1952, that I last saw the deceased alive on 10/7, 1952, and that death occurred at 2 P.m. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jos. A. Grenth MD.	23b. ADDRESS 5521 S. Broadway	23c. DATE SIGNED 10/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 13, 1952	24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery	24d. LOCATION (City, town, or county) (State) 3700 Mt. Olive Rd. Lemay 23, Mo.
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DATE REC'D BY LOCAL REG. 10-10-52	REGISTRAR'S SIGNATURE Nerbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE G. Hoffmeister U. & L. Co. 7814 S. Broadway
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524 (Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Harry J. Schumacher

Signed.....

Student Embalmer

Licensed Embalmer No. 2679

P.O. Address 7814 S. Broadway

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.