

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6122

State File No. ....

FILED MAR 8 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 1924

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY					
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PARK LANE HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>4956<sup>a</sup> HOLLY HILLS</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSALIE</u> b. (Middle) <u>-</u> c. (Last) <u>ECK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 1 1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>WHITE</u>		8. DATE OF BIRTH <u>AUG. 9 1953</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		9. AGE (In years last birthday) <u>6</u>		10. IF UNDER 1 YEAR Days <u>19</u> Hours <u>10</u> Min.			
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>ANTON ECK</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA TOTH</u>			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>ANTON ECK</u>		18. ADDRESS <u>4956<sup>a</sup> HOLLY HILLS</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia.</u>  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. <u>---</u>				INTERVAL BETWEEN ONSET AND DEATH <u>History of about 2 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No surgery.</u>				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? <u>491x</u>			
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>54</u> , to <u>March 1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>March 1</u> , 19 <u>54</u> , and that death occurred at <u>10:00a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas J. Smith</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4930 Lindell Blvd. St. Louis 8, Mo.</u>		23c. DATE SIGNED <u>3-1-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER &amp; PAUL</u>			
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>		25. ADDRESS <u>2906 Georgia</u>			
DATE REC'D BY LOCAL REG. <u>MAR 1 1954</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>		(Licensed Embalmer's Statement on Reverse Side)			

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

IO V

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 39

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.