

## STANDARD CERTIFICATE OF DEATH

State File No. **24487**

FILED JUL 26 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6479**

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. CITY OR TOWN <b>ST. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3411 Park Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>17 3411 Park Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lilly</b> b. (Middle) <b>M.</b> c. (Last) <b>Eckert</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 14, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 1, 1876</b>	
9. AGE (In years) (last birthday) <b>78</b>		10. IF UNDER 1 YEAR (Months) (Days) IF UNDER 1 HR. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Hellwig</b>		13b. MOTHER'S MAIDEN NAME <b>Wilhelmina Osterhorn</b>	
14. NAME OF HUSBAND OR WIFE <b>William E. Eckert</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Carl Eckert</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>Arterio sclerosis heart disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>years</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</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		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>4200</b>		22. I hereby certify that I attended the deceased from <b>July 9, 1954</b> , to <b>July 14, 1954</b> , that I last saw the deceased alive on <b>7/14, 1954</b> , and that death occurred at <b>5--P. m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>J. G. Moskop, M.D.</b> (Degree or title)		23b. ADDRESS <b>3554 Victoria St. St. L. Mo</b>	
23c. DATE SIGNED <b>7/15/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	
24b. DATE <b>July 17, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mo. CREMATORY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. B. ...</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUL 16 1954</b> <b>J. Carl Smith, M.D.</b>		ADDRESS <b>W. B. ... 2929 S. Jefferson</b>	

M.D. (Licensed Embalmer's Statement on Reverse Side)

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

APR 7 1959

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harold C. Witt*

Licensed Embalmer No. 435

P. O. Address 2929 S

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.