

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28866

State File No. ....

FILED SEP 2 1954

318

1003

Registrar's No. 7343

BIRTH NO. 56197-54 REG. DIST. NO.

PRIMARY REG. DIST. NO.

|  |                        |  |                                   |
|--|------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY  |                                   |
| b. CITY OR TOWN St. Louis  |                        | c. CITY OR TOWN St. Louis  |                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens  |                        | e. STREET ADDRESS (If rural, give location) 9099 1107 Opear Ave  |                                   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) John b. (Middle) Matthew c. (Last) Eckert  |                        | 4. DATE OF DEATH (Month) (Day) (Year) 8-7-1954   |                                   |
| 5. SEX Male  | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single  | 8. DATE OF BIRTH 7-29-1954        |
| 9. AGE (In years last birthday) 8  |                        | 10. UNDER 1 YEAR Months  | 11. UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None   |                        | 10b. KIND OF BUSINESS OR INDUSTRY None   |                                   |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri   |                        | 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |                                   |
| 13a. FATHER'S NAME Robert J. Eckert  |                        | 13b. MOTHER'S MAIDEN NAME Hildegard Glade  |                                   |
| 14. NAME OF HUSBAND OR WIFE  |                        |  |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No   |                        | 16. SOCIAL SECURITY NO. None   |                                   |
| 17. INFORMANT'S SIGNATURE OR NAME J. Kluebers  |                        | ADDRESS 500 S. Kingshighway  |                                   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. Prematurity |                                   |
| 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) (Min.)   |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                   |
| 21f. HOW DID INJURY OCCUR? 3402  |                        |  |                                   |
| 22. I hereby certify that I attended the deceased from 8-6, 1954, to 8-7, 1954, that I last saw the deceased alive on 8-7, 1954, and that death occurred at 2:55a. m., from the causes and on the date stated above.           |                        |  |                                   |
| 23a. SIGNATURE (Degree or title) Wm J Kluebers MD  |                        | 23b. ADDRESS 500 S. Kingshighway Blvd.   |                                   |
| 23c. DATE SIGNED 8-7-54  |                        |  |                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial   |                        | 24b. DATE 8-9-54   |                                   |
| 24c. NAME OF CEMETERY OR CREMATORY New Bethhehem Cemetery  |                        | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri   |                                   |
| DATE REC'D BY LOCAL REG. AUG 9 1954  |                        | REGISTRAR'S SIGNATURE J. Carl Smith MD   |                                   |
| 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.  |                        | ADDRESS 2161 E. Fair Ave.  |                                   |

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 No Embalmer....., Student Embalmer No.....

working under my personal supervision..

NOT EMBALMED

Student.....  
Signature of Student Embalmer

Signed Element M. Murphy.....

Licensed Embalmer No. 370.....

P. O. Address St. Louis.....

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.