

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23675  
State File No. ....  
5542  
Registrar's No. ....

FILED AUG 2 - 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 21 yrs		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5730 Delor		STREET ADDRESS (If rural, give location) 5730 Delor			
3. NAME OF DECEASED a. (First) Anna b. (Middle) Bertha c. (Last) Eckardt			4. DATE OF DEATH (Month) (Day) (Year) June 25, 1955		
5. SEX female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1896	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Haas		13b. MOTHER'S MAIDEN NAME not Known	
14. NAME OF HUSBAND OR WIFE William Eckardt		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 ADDRESS William Eckardt 5730 Delor					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Phlebotrombosis - left saphenous vein - massive thrombosis DUE TO (c) To knee II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Trophic ulcer left ankle INTERVAL BETWEEN ONSET AND DEATH few minutes 25 years 10 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Patient refused to Cooper's office physician No regular		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 464 10th St. Joseph M. Ziegler Deputy Coroner 6/27/55	
22. I hereby certify that I attended the deceased from June 21, 1955, to June 25, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 10 A. m., from the causes and on the date stated above.					
23a. SIGNATURE John V. Lawrence (Degree or title) MD		23b. ADDRESS 3720 Washington Blvd St. Louis 8 Mo.		23c. DATE SIGNED June 25, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/28/55		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cemetery St. Louis Mo.	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. JUN 27 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.L. Ziegenhein & Sons 7027 Gravois		(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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Donald E. Benz*.....

Licensed Embalmer No. *48*.....

P. O. Address *7027*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.