

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6143

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1303

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BETHESDA Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>4607 WILCOX</i>	
3. NAME OF DECEASED (Type or print) <i>MARGARET A. ECKERICH</i>		4. DATE OF DEATH <i>FEB. 6 1957</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APRIL 19 1870</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WIDOW</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Missouri</i>
13. FATHER'S NAME <i>FRANZ DOLL</i>		14. MOTHER'S MAIDEN NAME <i>KATHERINE MICHAEL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>PAUL ECKERICH</i> Address <i>2808 OSCOLA</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE-CAUSE (a) <i>arterosclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arterosclerosis</i> DUE TO (c) <i>Senility</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 Year</i> <i>?</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>420.0</i>
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY <i>Mo</i> STATE
21. I attended the deceased from <i>Feb 17 1954</i> to <i>Feb 6 1957</i> and last saw her alive on <i>Feb 6 1957</i> Death occurred at <i>2 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Max Sinschlag MD</i> (Degree or title)		22b. ADDRESS <i>512 Owen Place</i>	22c. DATE SIGNED <i>2/8/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>FEB. 9 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S. S. PETER & PAUL</i>	23d. LOCATION (City, town, or county) <i>ST. LOUIS Mo</i> (State)
24. FUNERAL DIRECTOR <i>Thomas Kutas</i> ADDRESS <i>2906 Graciosa</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 8 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 0

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *Sam C. White*

Licensed Embalmer No. *43*

P. O. Address *2906*

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.