

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18619**
Registrar's No. **5166**

FILED JUN 14 1957

BIRTH NO. _____ 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 (If outside corporate limits, write RURAL and give town or township) **St. Louis, Mo.**

c. LENGTH OF STAY (in this place) **3 Mo-11 days**

c. CITY OR TOWN **St. Louis,**

d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **26 St. Louis Chronic Hospital.**

e. STREET ADDRESS (If rural, give location) **2247 3014 Indiana**

3. NAME OF DECEASED (Type or Print)
a. (First) **Barbara** b. (Middle) _____ c. (Last) **Eckrich**

4. DATE OF DEATH (Month) (Day) (Year)
May 30--1957

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **NOV 13 - 1877**

9. AGE (In years last birthday) **79** 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) **SALES LADY**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U-S-A**

13a. FATHER'S NAME **Joseph Kober**

13b. MOTHER'S MAIDEN NAME **Mary Kober**

14. NAME OF HUSBAND OR ~~WIFE~~ **Martin Eckrich**

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. **497-10-6593**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MARTIN ECKRICH 4466 BINGHAM**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **metastatic C.A. of Rectum + Colon**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Adeno C.A. Cervix Uteri**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **171x**

INTERVAL BETWEEN ONSET AND DEATH
2 yrs.
9 yrs.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? **2**
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **February 19, 57**, to **May 30, 1957**, that I last saw the deceased alive on **May 30, 1957**, and that death occurred at **2:40 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckham, M.D.**

23b. ADDRESS **5800 Arsenal**

23c. DATE SIGNED **5/31/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **JUNE 3-1957**

24c. NAME OF CEMETERY OR CREMATORY **NEW ST MARCUS**

24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUN 3 '57**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kurtis 2906 Gravois**

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.....
Licensed Embalmer No. 398

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.