

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022244
State File No.

FILED JUL 8 1957

BIRTH CO. _____ REG. DIST. CO. 310 PRIMARY REG. DIST. CO. 3058 Registrar's No. 165

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

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Charles 0123 0
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles Nursing Home		e. STREET ADDRESS (If rural, give location) 920 Madison	
3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) M	c. (Last) Eckler	4. DATE OF DEATH (Month) (Day) (Year) June 27, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12, 1882
9. AGE (In years less birthday) 74	10. MONTH (Day) (Year) 10 15	11. BIRTHPLACE (City and State or Foreign Country) Dardenne, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own	13a. FATHER'S NAME Henry Boehle	13b. MOTHER'S MAIDEN NAME Elizabeth Sommers
13c. NAME OF HUSBAND OR WIFE John H. Eckler, Sr.	14. NAME OF HUSBAND OR WIFE John H. Eckler, Sr.	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 John H. Eckler, Sr.	17. ADDRESS St. Charles, Mo.	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 DUE TO (b) Arteriosclerosis DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS Diabetic mellitus
18. INTERVAL BETWEEN ONSET AND DEATH 2 days	18. INTERVAL BETWEEN ONSET AND DEATH unknown	18. INTERVAL BETWEEN ONSET AND DEATH Unknown	19a. DATE OF OPERATION
19b. MAJOR FINDINGS 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?	22. I hereby certify that I attended the deceased from December, 1948, to June 27, 1957, that I last saw the deceased alive on June 27, 1957, and that death occurred at 9:45 a.m., from the causes and on the date stated above.	23a. SIGNATURE Dan R. Randall, M.D. (Degree or title)	23b. ADDRESS 207 N. 5th St. Charles, Mo.
23c. DATE SIGNED June 29 1957	24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 1, 1957	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.	DATE REC'D BY LOCAL REG. JUNE 29-57	REGISTRAR'S SIGNATURE Marceen Wilson	FEDERAL DIRECTOR'S SIGNATURE H.C. Dalbey
ADDRESS St. Charles, Mo.	ADDRESS St. Charles, Mo.	ADDRESS St. Charles, Mo.	ADDRESS St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Frank R. Qualer

Licensed Embalmer No. *48*

P. O. Address *St. Charles*

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.