

Health,  
, & Welfare  
S. Public  
th Service

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41931  
STATE FILE NUMBER  
11209

FILED DEC 13 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 11209

|  |                            |   |  |
|--|----------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MO. b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |                            | c. CITY OR TOWN St. Louis   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. John's Hosp.  |                            | d. STREET ADDRESS (If outside, give location)<br>7111 Eugene Ave.   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>THORNTON M. ECKERT   |                            | 4. DATE OF DEATH<br>Month Day Year<br>Nov. 21 1957  |  |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>July 15, 1888                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Accountant (Retired)  |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br>Falstaff Brewing Co.   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo.           |
| 13a. FATHER'S NAME<br>Thornton M. Eckert   |                            | 13b. MOTHER'S MAIDEN NAME<br>Mathilda Rammelkamp  | 14. NAME OF HUSBAND OR WIFE<br>Ursula Eckert                           |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)<br>No None   |                            | 16. SOCIAL SECURITY NO.<br>489-09-6960  | 17. INFORMANT Address<br>Ursula Eckert-7111 Eugene Ave.                |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Intra-ventricular Hemorrhage</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b): <i>Hypertensive C.V. Disease</i><br>DUE TO (c):<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                            |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>3 hours</i><br><i>amblyopia</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.)<br><i>443+</i>   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                            | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>  |                            | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <i>1950</i> to <i>Nov 21, 57</i> and last saw her alive on <i>Nov 21, 57</i> .<br>Death occurred at <i>11:30 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                            |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Karl Smith MD</i>   |                            | 22b. ADDRESS<br><i>5203 Chippewa</i>  |  |
| 22c. DATE SIGNED<br><i>11-22-57</i>  |                            |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  | 23b. DATE<br>Nov. 25, 1957 | 23c. NAME OF CEMETERY OR CREMATORY<br>Bellefontaine Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.        |
| 24. FUNERAL DIRECTOR ADDRESS<br>Kriegshauser 4228 S. Kingshighway  |                            | 25. DATE RECD. BY LOCAL REG.<br><i>NOV 22 57</i>  | 26. REGISTRAR'S SIGNATURE<br><i>Karl Smith MD</i>                      |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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 *William C. White* .....

Licensed Embalmer No. *4291*.....

P. O. Address *422 E. King Street*.....

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.