

t. Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030346
STATE FILE NUMBER
7588

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7588

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION En Route to City Hospital		d. STREET ADDRESS (If outside, give location) 1512 Central Ave	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN MARTIN ECKRICH		4. DATE OF DEATH Month Day Year 8-2-1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-26-1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor		9. AGE (In years last birthday) 67	
10b. KIND OF BUSINESS OR INDUSTRY Jos. Rengel R.E. Co.		11. BIRTHPLACE (City and state or country) Missouri	
13a. FATHER'S NAME John Eckrich		14. NAME OF HUSBAND OR WIFE Olga Eckrich	
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. 492-10-0999	
17. INFORMANT Olga Eckrich		Address 1512 Central Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary artery disease DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1954 to Aug 2 1958 and last saw her alive on Aug. 1, 1958 Death occurred at 10 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. Hoffmann M.D.		22b. ADDRESS 16 Krypton Village Plaza	
22c. DATE SIGNED 8/4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-5-1958	
23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo	
24. FUNERAL DIRECTOR Biegelein Bros		25. DATE RECD. BY LOCAL REG. AUG 4 '58	
ADDRESS 6409 Gravois Ave		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

EMBALMER

NO. 1234

STATE

DECEASED

RESIDENT OF STATE OF MISSOURI

NO. 5678

NO. 9012

NO. 3456

NO. 7890

NO.

0001-02-SI

STATE

NO.

NO.

EMBALMER

NO. 1234567890

NO.

NO. 1234567890

EMBALMER

NO. 1234567890

NO. 1234567890

0000-01-001

NO.

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 *John M. Sizemore*

Licensed Embalmer No. 4343
St. Louis, Missouri
P. O. Address

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.