

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019355

AMENDED

Registration District No. **318** Primary Registration District **1003** Registrar's No. **4737** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUN 8 1961**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b **1 HR.**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LUKE'S** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **ILLINOIS** b. COUNTY **MADISON** c. CITY OR TOWN **TROY** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **204 E. CENTER ST** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **MYRTLE** Middle **ELIZABETH** Last **PICKET** 4. DATE OF DEATH **MAY 18 1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Nov. 18 1891** 9. AGE (last birthday) **69** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LAUNDRY FINISHER** 10b. KIND OF BUSINESS OR INDUSTRY **ST. LUKE'S HOSPITAL** 11. BIRTHPLACE (City and state or country) **TROY, ILLINOIS** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **LEWIS LINCOLN ECKERT** 13b. MOTHER'S MAIDEN NAME **MANIE Z. SNODGRASS** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO NONE** 17. INFORMANT **Ruth Price - 1734 Washington** Address **St Louis mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Hypertensive Heart Disease;**  
 DUE TO (b) **Cerebral Hemorrhage;**  
 DUE TO (c) **arterio sclerosis. 443+**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \_\_\_\_\_

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at **2:33 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph M. [Signature]** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **5-19-61**

23a. BURIAL, CREMATION, REBURYAL (Specify) **BURIAL** 23b. DATE **MAY 21 1961** 23c. NAME OF CEMETERY OR CREMATORY **CITY** 23d. LOCATION (City, town, or county) (State) **TROY, MADISON ILLINOIS**

24. FUNERAL DIRECTOR **Edwards Funeral Home** ADDRESS **TROY, ILL.** 25. DATE RECD. BY LOCAL REG. **MAY 19 1961** 26. REGISTRAR'S SIGNATURE **Loat Smith, M.D.**

**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 Jemal S. Edwards

Licensed Embalmer No. 3548

P. O. Address Tray, Ill.

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.