

2739

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044169

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

818

1003

11174

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

FILED DEC 7 1962

VS 300
Rev. 4/59
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2 22
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4 0
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DATE AMENDED 4/9/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

80

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb OR Life	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis State Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3514a Nebraska
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE F. ECCARDT		4. DATE OF DEATH Month Day Year Nov. 19, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-29-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 61
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Michael Eccardt		13b. MOTHER'S MAIDEN NAME Emma Steffan	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW 2		16. SOCIAL SECURITY NO. Yes (Unk)	17. INFORMANT Address St. Louis, Mo. Leona Taylor, 3514a Nebraska
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by hanging; suffered when deceased hanged self at State Hospital on Nov. 19, 1962. DUE TO (b) WHILE SUFFERING FROM MENTAL ABERRATION DUE TO (c) 974X SUICIDE 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) (see above)	
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m. 11/19/62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 8:10 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Simon (Degree of title) Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11/21/62		22d. LOCATION (City, town, or county) Jefferson Brk's., Mo.	
23. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/23/62	
23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) Jefferson Brk's., Mo.	
24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette, St. Louis, Mo.		25. NOV 21 1962	
26. REGISTRAR'S SIGNATURE Paul Smith, M.D.		26. REGISTRAR'S SIGNATURE	

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 James R. Chapman
Licensed Embalmer No. 7550
P. O. Address St. Louis, Mo

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.