

MAR 20 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 2260

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Johns Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4259 Athlone Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Echterkamp

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / race White / 5. Color or White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Echterkamp 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 25, 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 5 12 hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
12. Name Joseph Winiger

13. Birthplace Unknown Switzerland 5  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Vlrich 5  
(City, town, or county) (State or foreign country)  
15. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Echterkamp

(b) Address 4259 Athlone Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/10/43  
(Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 9 1943 (Date received local Registrar) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th  
year 1943 hour 3:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-27- 1943 to 3-7- 1943;  
that I last saw h.c.r. alive on 3-7- 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Carl New (M.D. or other) \_\_\_\_\_  
Address Humboldt Bldg. Date signed 3-7-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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