

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Creve-Coeur
(c) Name of hospital or institution:
Home Spoeede Road St. Louis County
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ??St. Louis County
(d) Street No. Spoeede Road
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Kathleen I Behan
3. (b) If veteran, name war *****
3. (c) Social Security No. *****
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas A. Behan
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 16 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28th day January
year 1940 hour 12:01 minute A. M.
21. I hereby certify that I attended the deceased from Aug 1939 to 28 Jan 1940
that I last saw her alive on Jan 27 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
45 6 12 hr. min.
9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death
Cardiac failure Duration 1 wk
Due to Hypertension 9 yrs
Due to Nephritis 3 yrs
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife
11. Industry or business _____
12. Name James Dacey
13. Birthplace Missouri
14. Maiden name Louisa Fonge
15. Birthplace Missouri

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Kathleen I Behan
(b) Address Spoeede Road St. Louis County
17. (a) Burial (b) Date thereof Jan 31 1940
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Peetz Brothers
(b) Address 5029 Lafayette Ave
19. (a) JAN 29 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
23. Signature [Signature] (M. D. or other) _____
Address St. Louis Date signed 1/29/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

95732

3rd Floor
Forest 3800

9612

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Frank D. Quinn

Licensed Embalmer No. *2245*

P. O. Address.....
St. Louis

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 this body is not embalmed, above space should be left blank.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space. *X*

1. PLACE OF DEATH

County St. Louis

Registration District No. _____

File No. 3700

Township _____

Primary Registration District No. _____

Registered No. 199-

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Kathleen Behan

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 45 2 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 1-29-49

Registrar. *X*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 25, 1940

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure
Hypertension
Nephritis (chronic) 1 yr
Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Olyver Abel Jr, M. D.

(Address) Doctor Abel

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

