S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16512

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4030

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 2 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 100

(c) City or town ST LOUIS 177
(If outside city or town limits, write "RURAL")

(d) Street No. 7427 ALASKA AV. 9
(If rural, give location)

(e) Citizen of foreign country? 5 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maggie Behland

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAR 12 (Month) 1879 (Day) (Year)

8. AGE: Years 62 Months 1 Days 29 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name JOHN BEHLAND
13. Birthplace (City, town, or county) 4 GERMANY (State or foreign country)

MOTHER
14. Maiden name VICTORIA DABIN
15. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant GEO. Behland
(b) Address 7427 Alaska Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 14 - 41 (Month) (Day) (Year)
(c) Place: burial or cremation MNT OLIVE CEM.

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 2128 Michigan Av.

19. (a) MAY 13 1941 (Date received local registrar) (b) J. N. Bledick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11, year 1941 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from April 9, 1941 to May 11, 1941; that I last saw her alive on May 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other conditions cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature W. M. Fitzgerald (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 5/12/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 925

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, fact should be so stated above.