

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28523

State File No. _____

8137

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. No Home
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

28/1000
17
F

3. (a) PRINT FULL NAME Harry Behr
(b) If veteran, name war Unknown
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 27th
year 1942 hour 10:25 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
Abt. 68 hr. min.

Duration
Coronary Occlusion;
Arterio-Sclerosis;
Due to _____
Due to _____

9. Birthplace Tennessee (City, town, or county) (State or foreign country) 1
10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant James J. Fitzgibbon
(b) Address Proners Office
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof October 1 1942 (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
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? _____

(c) Place: burial or cremation Memphis Tennessee
18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave
19. (a) OCT 1 1942 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature James J. Fitzgibbon (M.D. or other) 9
Address Carroll Date signed 10/4/42

(Licensed Embalmer's Statement on Reverse Side)

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

#1

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 J. Swann*

Licensed Embalmer No. *2245*

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 this body is not embalmed, fact should be so stated above.