

FILED DEC 15 1942 **318**

Registration District No. Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Brother's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4526 Wichita Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Bernard L. Behrens**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **492-07-2581**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Gertrude Behrens** 6. (c) Age of husband or wife if alive **26** years
7. Birth date of deceased **March 24th 1907**
(Month) (Day) (Year)

8. AGE: Years **35** Months **18** Days **10** If less than one day hr. min.

9. Birthplace **St. Liboria Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business.....

12. Name **Frank Behrens**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Daniel**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertrude Behrens**
(b) Address **4526 Wichita Ave.**

17. (a) **Burial** (b) Date thereof **12-9-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Peter & Paul**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **DEC 7** (b) **J. F. Bredack**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4th**
year **1942** hour **2:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **Sept. 28**, 19**42**, to **Dec. 4**, 19**42**
that I last saw him alive on **December 4**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac Dilatation** / **1 day**
Due to **Ch. Glomerular Nephritis**
Arterio Sclerosis
Due to **Ch. Myocarditis**
Ch. Mitral Stenosis
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**
Of autopsy **as above**
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) **none**
(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? **no**

23. Signature **J. F. Bredack** (M. D. or other) **med**
Address **2767 Krieger** Date signed **12-5-42**

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

*J. Havelle Jr 0310
2767 Shawnee IL 61831
1 Pm 5-6 Pm*

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 *Richard W. Stoveland*
Licensed Embalmer No. *4007*
P. O. Address.....

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.