

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED AUG 18 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7194

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. Anthony's Hospital  
(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: 000  
(a) State MO. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3141 Tamm Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George W. Behrens  
3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 6th  
year 1943 hour 5:45 minute P.M.  
21. I hereby certify that I attended the deceased from July 9th  
1943 to August 6th 1943  
that I last saw him alive on August 6th 1943  
and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Marie Behrens  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased Aug. 30th 1902  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma Right Lung 1 year  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Same as above diagnosis

8. AGE: Years 40 Months 11 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Press Feeder

11. Industry or business \_\_\_\_\_  
12. Name Fred Behrens  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Horsmeyer  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death would be charged statistically.

16. (a) Informant Marie Behrens  
(b) Address 3141 Tamm Ave.

17. (a) Burial (b) Date thereof 8-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

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

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?  
23. Signatures: \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address 3548 S. Grand Date signed 8-7-43

19. (a) AUG 10 1943 (b) J. J. Bredet  
(Received local registrar) (Registrar's signature)

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

MOTHER FATHER

719A  
719A

**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. Stevenson* .....

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.**