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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED DEC 3 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10184**

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(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  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 4 Days  
Unknown 0 (Specify whether  
years, months or days)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased January 10, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 ~~72~~ Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Barney Behner

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brinker

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morris  
(b) Address St. Louis City Hospital

17. (a) BURIAL (b) Date thereof 11-22-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Kellan & Kelly  
(b) Address 1416 N. Taylor ave.

19. (a) NOV 21 1943 (b) J. J. Bredesch  
(Date of filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 112 South Fourth St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15,  
year 1943 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from November 12, 1943 to November 15, 1943

that I last saw him alive on November 15, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death  
From advanced Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 1/3

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy as above  
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?

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

23. Signature William J. Day (M. D. or other)  
Address 1515 Lafayette Avenue, Date signed 11/18/43

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

**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 *Martin H. McCasland Jr*

Licensed Embalmer No. *4361*

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.**