

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS

FILED JUN 20 1946 STANDARD CERTIFICATE OF DEATH

21527
State File No. 5158
Registrator's No.

Registration District No. 318 Primary Registration District No. 1003

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:
3701a Blow Street
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3701a Blow St.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th
year 1946 hour 5 minute 15 a.m.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Carrie Behrens
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 23, 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 10th 1946 to June 8th 1946 that I last saw him alive on June 7th 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 2 Days 15
If less than one day hr. min.

Immediate cause of death: Embolus Liver. - Duration 3 yrs.

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

Due to Arterio Sclerosis Duration 2 yrs.

10. Usual occupation Cooper

Due to
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Magdalene Gards
15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations 124
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Linda Ellmers
(b) Address 3701a Blow St.

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?

17. (a) Burial (b) Date thereof 6-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd. St. Louis

23. Signature Albert Beisbarth (M. D. or other) While at work? (Specify type of place) (c) Means of injury

19. (a) JUN 10 1946 (Date received from Registrar) J. F. Bredack (Registrar's signature)

Address 3606 Gravois Date signed 6-8-46

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

5055

DR Beusbarth
3606 Gravois

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 J. Wm. Beusbarth
Licensed Embalmer No. 3653
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.