No. 2
--1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 26 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17381
Registrar's No. 4634

0 9 9

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

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: Jewish Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community Years 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Perry 999
(c) City or town Steeleville (If outside city or town limits, write "RURAL") 11
(d) Street No. R.R. (If rural, give location) 0 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry John Behnken
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Mrd
6. (b) Name of husband or wife Nellie
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April (Month) 2 (Day) 1903 (Year)

8. AGE: Years 45 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Perry Co (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Henry C Behnken
13. Birthplace Perry County (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Ellen Dierks
15. Birthplace Jackson Co (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Nellie Behnken
(b) Address Steeleville Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Steeleville Ill
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) MAY 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1948 hour 12:30 minute A.M.
21. I hereby certify that I attended the deceased from Feb 15, 1948, to May 16, 1948, that I last saw him alive on May 15, 1948, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | 2 days |
| Due to Carcinoma of Prostate | ? |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Operated, cancer of the ulcer rt arm | 4 mo. |

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Lawrence McKotrey (M. D. or other)
Address 608 N Grand Date signed 5/18/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

## 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.....

.....Licensed Embalmer, No.....

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.**