

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17065

State File No. ....

318

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                       |                               | REG. DIST. NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | PRIMARY REG. DIST. NO. _____                                                                                                       |                                                            | Registrar's No. _____                                                               |                                                        |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |                                                            |                                                                                     |                                                        |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>                                                                                                                               |                               | c. LENGTH OF STAY (in this place) <b>Life</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.,</b>                                |                                                            | 17                                                                                  |                                                        |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>225a Bates,</b>                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | d. STREET ADDRESS (If rural, give location) <b>225a Bates,</b>                                                                     |                                                            |                                                                                     |                                                        |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Frank Behr,</b>                                                                                                                                                                  |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b. (Middle) _____                |                                                                                                                                    | c. (Last) _____                                            |                                                                                     | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>5/1/49</b> |
| 5. SEX <b>male</b>                                                                                                                                                                                                                    | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                                                                                                                                                                                                                                                                                                                                                                                 | 8. DATE OF BIRTH <b>7/4/1868</b> |                                                                                                                                    | 9. AGE (In years if under 1 year last birthday) <b>80.</b> |                                                                                     | Months <b>9</b> Days <b>27</b> Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Street Car Motorman</b>                                                                                                                |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Pub Serv</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                  | 11. BIRTHPLACE (State or foreign country) <b>Germany</b>                                                                           |                                                            | 12. COUNTRY OF WHAT CITIZENRY? <b>USA</b>                                           |                                                        |
| 13a. FATHER'S NAME <b>Charles Behr,</b>                                                                                                                                                                                               |                               | 13b. MOTHER'S MAIDEN NAME <b>Caroline Jeroline,</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 14. NAME OF HUSBAND OR WIFE <b>Lulu Behr,</b>                                                                                      |                                                            |                                                                                     |                                                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>                                                                                                                    |                               | 16. SOCIAL SECURITY NO. <b>no</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  | 17. INFORMANT'S SIGNATURE OR NAME <b>Lulu Behr,</b> ADDRESS <b>225a Bates,</b>                                                     |                                                            |                                                                                     |                                                        |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.         |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension</b><br><b>Cerebral Hemorrhage</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Chronic Nephritis</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                  |                                                                                                                                    |                                                            | INTERVAL BETWEEN ONSET AND DEATH                                                    |                                                        |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                          |                               | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                    |                                                            | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                        |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____                                                                                                                                                                                        |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____                                                                                                                                                                                                                                                                                                                                                                        |                                  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>131st</b>                                                                       |                                                            |                                                                                     |                                                        |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____                                                                                                                                                                          |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                |                                  | 21f. HOW DID INJURY OCCUR? <b>X</b>                                                                                                |                                                            |                                                                                     |                                                        |
| 22. I hereby certify that I attended the deceased from <b>5/1, 1949,</b> to <b>5/1, 1949,</b> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                                                                                                                    |                                                            |                                                                                     |                                                        |
| 23a. SIGNATURE (Degree or title) <b>Perle C Drack MD</b>                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | 23b. ADDRESS <b>05702 Gravois</b>                                                                                                  |                                                            | 23c. DATE SIGNED _____                                                              |                                                        |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>                                                                                                                                                                               |                               | 24b. DATE <b>5/4/49</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt Olive Cemetery</b>                                                                        |                                                            | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>           |                                                        |
| DATE REC'D. BY LOCAL REG. <b>MAY 3</b>                                                                                                                                                                                                |                               | REGISTRAR'S SIGNATURE <b>J. B. Foster</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | OSCAR J. HOFFMEISTER UND. CO. 4016 CHIPPEWA ST.                                                                                    |                                                            |                                                                                     |                                                        |

WRITE PLAINLY—USING 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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. W. Remelius

Licensed Embalmer No. 4283

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.