

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11455

State File No. ....

X114  
 4066  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>6076</b>	Registrar's No. <b>546</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(Rural) MERAMEC Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
c. LENGTH OF STAY (In this place) <b>DAYS?</b>		d. STREET ADDRESS (If rural, give location) <b>4150 Holly Hills Ave.</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mentz Hill Rd.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alan</b>		b. (Middle) <b>S</b>		c. (Last) <b>Behr</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>March 2 1950</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>June 10, 1898</b>	9. AGE (In years last birthday) <b>51</b> # UNDER 1 YEAR Months Days # UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sears Roebuck</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Viola M. Behr</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-03-9349</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Viola M. Behr, 4150 Holly Hills Ave.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carbon monoxide poisoning from exhaust of his automobile, motor of which was running for some time, also from a heart condition caused by over exertion in trying to push automobile-body found in creek near Kennerly Road, Fenton, Mo.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Creek bed</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fenton (rural) St. Louis, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) <b>3 2 50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>see above</b>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23. SIGNATURE <b>Amad J. Willmann</b>		23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>3/4/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 6, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL <b>MAR 3 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Doube M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Colonial Mortuary 646 Chippewa St.</b>

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Linus C. Hoffmeister* .....

Licensed Embalmer No. *3871* .....

P. O. Address *7814 S. Broadway* .....

**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.**