No. 300
10.48

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34817

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9642

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. John Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis 2229
d. STREET ADDRESS (If rural, give location) 2803 PARK AV.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) BEHRMAN

4. DATE OF DEATH (Month) (Day) (Year) Oct 29 - 51

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.
8. DATE OF BIRTH JAN-31-1885
9. AGE (In years last birthday) 66 YRS
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NH
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THEODORE BEHRMAN
13b. MOTHER'S MAIDEN NAME AUGUSTA GROTE
14. NAME OF HUSBAND ~~OR WIFE~~ GESINA BEHRMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Gesina Behrman ADDRESS 2803 Park Av.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage upper gastro int. tract. — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Duodenal ulcer — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — 3-4 yrs.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 5741.0

22. *I hereby certify that I attended the deceased from* 10-15, 1951, *to* 10-29, 1951, *that I last saw the deceased alive on* 10-29, 1951, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. Hammond (Degree or title) M.D.
23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 10/30/51

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
24b. DATE NOV-2-1951
24c. NAME OF CEMETERY ~~OR CREMATORY~~ S. S. Peter & Paul Cem
24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. OCT 31 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmer ADDRESS 3125 Lafayette Av

(Licensed Embalmer's Statement on Reverse Side)

Re 1479
Ed. 6090
1-3

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.