

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36022
3349

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3347

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester
c. LENGTH OF STAY (in this place) (township) 9 mons.
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219
d. STREET ADDRESS (If rural, give location) 3539 Page Blvd. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth b. (Middle) _____ c. (Last) Von Behren
4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1951

5. SEX F 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH June 28, 1867 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Robert Mentear 13b. MOTHER'S MAIDEN NAME Mathilda Bell 14. NAME OF HUSBAND OR WIFE Gerry Von Behren

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pine Crest Nursing Home, Ballwin, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES (b) arteriosclerosis DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
INTERVAL BETWEEN ONSET AND DEATH 1 day
Seps

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 331X

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

22. I hereby certify that I attended the deceased from 6-1, 1950, to 10-4, 1951, that I last saw the deceased alive on 10-4, 1951, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Kirkwood 22 Mo 10/51 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 10-8-51 24c. NAME OF CEMETERY OR CREMATORY New Parkers 24d. LOCATION (City, town, or county) (State) St. Louis, Mo

DATE REC'D BY LOCAL REG. 10-6-51 REGISTRAR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S SIGNATURE ADDRESS BENSIEK-NIEHAUS 1431 Union Bl

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

