No. 300
10.48
39
3

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. 38694

Registrar's No. 10152

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): City Hospital, Pronounced Dead at St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 15 St. Louis, 2157
d. STREET ADDRESS (If rural, give location): 225a Bates St., 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): E.
c. (Last): Behr,

4. DATE OF DEATH (Month) (Day) (Year): November 13, 1951

5. SEX: Male. 0
6. COLOR OR RACE: White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced. 2
8. DATE OF BIRTH: September 23, 1898
9. AGE (In years last birthday): 53 — 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): Printer
10b. KIND OF BUSINESS OR INDUSTRY: Compton and Sons,
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri, 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Behr,
13b. MOTHER'S MAIDEN NAME: Lulu Martin,
14. NAME OF HUSBAND OR WIFE: ----------

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.: 493-07-3670
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Lulu Behr, 225a Bates St.,

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) Suffocation by hanging when found hanging with rope around his neck, tied to door knob and stretched over top of door in his home on Nov 13 1951 about 2:10 pm

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.

INTERVAL BETWEEN ONSET AND DEATH

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 13 51 2:10 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: E974X

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 2:10 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alfred G Perry Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 11/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial, IL
24b. DATE: 11/16/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery,
24d. LOCATION (City, town, or county) (State): LeMay, 23, Missouri,

DATE REC'D BY LOCAL REG.: NOV 15 1951
REGISTRAR'S SIGNATURE: J Earl Smith MD W.J.G.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

(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 me, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.