

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

EMBED OCT 11 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2562

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Knoll Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>60 Henguin Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>	b. (Middle) <u>Katherine</u>	c. (Last) <u>Behle</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1952.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 12, 1868</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Christ Hoppmann</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Poertner</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Behle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Mundloch, Ferguson, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congrene left lower</u>		<u>4 wks</u>
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obliterative arteriosclerosis</u>		<u>Yrs.</u>
DUE TO (c) <u>Degenerative cardio-vascular disease with hypertension</u>		<u>Yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus borderlines</u>		<u>Yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept, 1949 to 3 Oct., 1952, that I last saw the deceased alive on 2 Oct., 1952, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MB</u>	23b. ADDRESS <u>212 S. Florissant Ferguson, Mo</u>	23c. DATE SIGNED <u>10/10/52</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/6/52.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-4-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>White Funeral Home, Ferguson, Mo.</u>
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.