

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43283

State File No. _____

FILED JAN 10 1953

Registrar's No. 11077

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11077	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2801 PARK AV.</u>				d. STREET ADDRESS (If rural, give location) <u>22 2801 PARK AV.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u> b. (Middle) _____ c. (Last) <u>BEHRMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-1-52</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, SEPARATED, <u>W-2</u>	8. DATE OF BIRTH <u>JUNE-30-1859</u>		9. AGE (In years) <u>93 YRS.</u> Last birthday: _____ Months _____ Days _____		F UNDER 18 SEX: _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>UNKNOWN GROTE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Theodore Behrman</u>			
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 <u>Frank Behrman 2801 Park Av.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Atherosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene, Rh. Joint</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4200</u>					
22. I hereby certify that I attended the deceased from <u>August 1, 1952</u> , to <u>Dec. 1, 1952</u> , that I last saw the deceased alive on <u>Nov. 20, 1952</u> , and that death occurred at <u>3 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John B. Summers, M.D.</u>				23b. ADDRESS <u>2767^s Park av.</u>		23c. DATE SIGNED <u>12/2/52</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec-4-52</u>	24c. NAME OF GEMETERY OR CREMATORY <u>S. S. Peter & Pauls</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>DEC 2 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. E. J. Schuer 3125 Lafayette St</u>			

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

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 Jack B. Volmer

Licensed Embalmer No. 4014

P. O. Address 3125 Palmyra

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.