No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1953

State File No. 40180

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10339

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO
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) 926 LA SALLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY 2227
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 926 LA SALLE 0
d. STREET ADDRESS (If rural, give location) 22 ST. LOUIS MO

3. NAME OF DECEASED (Type or Print) a. (First) ELIAS b. (Middle) - c. (Last) BEHITER

4. DATE OF DEATH (Month) (Day) (Year) OCT 30 1953

5. SEX MA/e 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Nov. 31 1908
9. AGE (In years last birthday) 44 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) FREIGHT CHECKER
10b. KIND OF BUSINESS OR INDUSTRY ARKANSAS MOTOR
11. BIRTHPLACE (State or foreign country) MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME SARKIS BEHITER
13b. MOTHER'S MAIDEN NAME JULIA PIZAR
14. NAME OF ~~HUSBAND OR~~ WIFE DEAMA BEHITER

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. 488-28-6648
17. INFORMANT'S SIGNATURE OR NAME DEAMA BEHITER ADDRESS 926 LA SALLE

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) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

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.

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 150X

22. *I hereby certify that I attended the deceased from* Mar 18, 1952, *to* Oct 30, 1953, *that I last saw the deceased alive on* Oct 29, 1953, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Rehundewolf O. M. D.
23b. ADDRESS 2026 So 9th St.
23c. DATE SIGNED 10/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Nov. 2 1953
24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. OCT 31 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Grairis

(Licensed Embalmer's Statement on Reverse Side)

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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis

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

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