

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5904**
Registrar's No. **1880**

FILLED **MAR 12 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | | | |
|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. LENGTH OF STAY (in this place) 55 yrs | | e. STREET ADDRESS (If rural, give location) 3000 Louisiana Ave. 2169 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL | | | | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) OTTO | b. (Middle) (von) | c. (Last) BEHRENS | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1954 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 9, 1888 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) plumber (retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Plumbing | 11. BIRTHPLACE (City and State or Foreign Country) Fort Wayne, Indiana | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Ferdinand von Behrens | | 13b. MOTHER'S MAIDEN NAME Wilhelmina Salge | | 14. NAME OF HUSBAND OR WIFE Adele Hunnius Behrens | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adele Hunnius Behrens 3000 Louisiana Ave | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Bronchial asthma & Bronchitis</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 241X | | | |
| 22. I hereby certify that I attended the deceased from 2/15 , 19 54 , to 2/26 , 19 54 , that I last saw the deceased alive on 2/20 , 19 54 , and that death occurred at 8:45 P m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE W. J. Wagner M.D. | | 23b. ADDRESS 4717 Morganford | | 23c. DATE SIGNED 2/27/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Remove | 24b. DATE Mar. 1, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| DATE REC'D BY LOCAL REG. MAR 1 1954 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave. | | | |

Dr. W. F. Wagenbach
4717 Morganford Rd.

2 - 5 PM

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 _____
Signature of Student Embalmer

Signed David S. [Signature]
Licensed Embalmer No. 4510
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.