

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28762

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **74741**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	b. COUNTY
d. FULL NAME OF HOSPITAL OR INSTITUTION 3676 Shaw		e. STREET ADDRESS 3676 Shaw	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or Print)	a. (First) ADA	b. (Middle) E	c. (Last) BEHR	4. DATE OF DEATH (Month) (Day) (Year) 8-11-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-27-1895	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 59 4 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (City and State or Foreign Country) Deerplan Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Hill	13b. MOTHER'S MAIDEN NAME Alice Mc.Coy	14. NAME OF HUSBAND OR WIFE Wm P Behr
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY 488-07-1584	17. INFORMANT'S SIGNATURE OR NAME Wm P Behr	ADDRESS 3676 Shaw
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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 4 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) work involvement of Bladder 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 Extensive carcinoma of sigmoid - involvement of bladder	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
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22. I hereby certify that I attended the deceased from **February 14, 1954** to **August 11, 1954**, that I last saw the deceased alive on **August 11, 1954**, and that death occurred at **7:55 PM**, from the causes and on the date stated above.

23a. SIGNATURE Wm H. Jensen, M.D.	(Degree or title)	23b. ADDRESS 3701 Greindel Square	23c. DATE SIGNED 8/11/54
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	24b. DATE 8-14-1954	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. AUG 12 1954	REGISTRAR'S SIGNATURE J. Earl Smith, MD	25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE	ADDRESS 3819 So. Grand Blvd.
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E. P. (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.....
Signature of Student Embalmer

Signed *Gregory W. Myburgh*
Licensed Embalmer No. 461
P. O. Address *St. James 18*

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.