MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-022487
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1535

FILED JUN 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4000
2 923
3
4 1
5 0
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7 2
8 2
9 493X
10
11
12 86-0
13

88

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gardenville
Length of stay in Ib: 2 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Miller Nursing Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY, OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2116A South 11th St.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle Last BEHNEN
4. DATE OF DEATH: Month May Day 9, Year 1963
5. SEX: female
6. COLOR OR RACE: white
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10/25/1879
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months 6 Days 14
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forelady
10b. KIND OF BUSINESS OR INDUSTRY: tobacco industry
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Henry Behnen
13b. MOTHER'S MAIDEN NAME: Thekla Holthaus
14. NAME OF HUSBAND OR WIFE: - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of
16. SOCIAL SECURITY NO.: 6
17. INFORMANT: Frank H. Behnen
Address: 2906A McNair Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): and Chronic Myocardial
DUE TO (c): Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 493x
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from about May 1st 1963 to 5/9/63 and last saw her/him alive on May 9th
Death occurred at 4:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Paul B. Webb M.D.
22b. ADDRESS: 1915A Sidney St.
22c. DATE SIGNED: 5/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 13, 1963
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis. Missouri
24. FUNERAL DIRECTOR: Gebken Sons
ADDRESS: 2630 Gravois Ave.
25. DATE RECD. BY LOCAL REG.: 5-10-63
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Lou M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

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.