REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

923
Do not use this space.

923

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 19 yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
Primary Registration District No.
Registered No.

2. PRINT FULL NAME Geneva Beha
(a) Residence, No. 5870 Page Bld'd. St. 6
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29, 1875
7. AGE: YEARS 63 | MONTHS 8 | DAYS - | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundry Work
9. Industry or business in which work was done, as saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year) About 1920
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Booneville Missouri 0

FATHER
13. NAME: Gerhard Beha 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 6

MOTHER
15. MAIDEN NAME: Wilhelmina Schroeder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): A. A. Busch M. D. 5400 Arsenal St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Booneville Mo. DATE Feb. 1, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc. 4700 Washington Blvd.
20. FILED JAN 30 1939 19 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29/39, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, 19, to Jan. 29/39, 19
I last saw her alive on Jan. 28/39, 19 Death is said to have occurred on the date stated above, at 6.30 m A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronaryatery Disease 7-1-38x	

Other contributory causes of importance:
Senility 7-1-38-x

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. K. Busch, M. D.
(Address)

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed. Albert F. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.