

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 hours
(Specify whether _____)
In this community Birth
years, months or days)

8. (a) PRINT FULL NAME William H Behan

3. (b) If veteran, name war World War 3. (c) Social Security No. 488-10-0879

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma M. Behan (nee Dircks) 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 7, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 9 14 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business _____

MOTHER FATHER { 12. Name Michael J Behan
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina M Obenaus
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alma M Behan
(b) Address 1520 Angelrodt St.

17. (a) Burial (b) Date thereof 3/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 216 1/2 East Fair Ave

19. (a) _____ (b) _____
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits write "RURAL")
(d) Street No. 1520 Angelrodt St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 7 minute 32 M.

21. I hereby certify that I attended the deceased from 3/18/40
_____, 19____ to 3/21/40, 19____;
that I last saw him alive on 3/21/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia 2 day
Due to _____
Due to _____
Other conditions Pneumonia T.B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Arthur J. Sturges (M. D. or other) _____
Address 340 S. 14 Date signed 3/21/40

Duration
2 day
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *William G. Buehler*
Licensed Embalmer No. *2110*
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 this body is not embalmed, above space should be left blank.