ALEU SEP 25 1940

V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27003

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 6899

D

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: 4233a Vista Av. 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 4233a Vista Av.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 43 years.

3. (a) PRINT FULL NAME Ferdinand Behm 500

3. (b) If veteran, name war —

3. (c) Social Security No. 489-14-1401

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Louise Behm

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug (Month) 19 (Day) 1871 (Year)

8. AGE: Years 68 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 51

10. Usual occupation Beer-Brewer

11. Industry or business Hyde Park Brew Co.

FATHER
12. Name Paul Behm
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Fred Behm
(b) Address Arlington Va.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bro. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) AUG 15 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th year 1940 hour 1 minute 00 a M.

21. I hereby certify that I attended the deceased from Apr 10, 1940 to August 13 1940 that I last saw him alive on August 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma. Sin Apr 10 1940
Primary site Rt. Kidney

Due to Note: This is a patient of Dr J E Gallagher who is away I am caring for his practice. I saw Mr Behm one time Aug 9, 1940 the rest of treatment was given by Dr Gallagher.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Diagnosis from Records at DePaul Hospital & Dr Gallaghers office confirmed

Of operations

Of autopsy by my findings Aug 9 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R. D. Furlong (M. D. or other) MD

Address 7161 Delmar Date signed Aug 13, 1940

(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 Paul Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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.