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-39  
(23159)

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34188**  
Registrar's No. **8885**

Registration District No. **791** Primary Registration District No. **1003**

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: Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** DANIEL F. BEHRENS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Orlinda Kaiser Behrens 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 23 1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 3 If less than one day \_\_\_\_\_  
hr. min.

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

10. Usual occupation Insurance Salesman

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name Charles W. Behrens

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

14. Maiden name Anna Margaret Conrad

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

16. (a) Informant Orlinda Behrens

(b) Address 3838 Flora Place

17. (a) Burial (b) Date thereof 10/29/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address 1936 St. Louis Avenue

19. (a) OCT 29 1940 (b) J. J. ...  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3838 Flora Place  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 26  
year 1940 hour 6 minute 17 P.M.

21. I hereby certify that I attended the deceased from July 17th.  
1940 to October 26th. 19 40

that I last saw h. im alive on October 26th. 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis, following operation

Due to Operation for gastro-antrostomy caused by Pyloric obstruction

Duration 2 days

Due to Pyloric obstruction indefinite

Other conditions Chronic Bronchitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations Pyloric obstruction possibly malignant

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. J. ... (M. D. or other) \_\_\_\_\_

Address 2278 S. Jefferson Date signed Oct 28

**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 *Melvin J. Krupin*  
Licensed Embalmer No. 3497  
P. O. Address 1936 St. Louis Ave

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

**If this body is not embalmed, fact should be so stated above.**