

6004
S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30030

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7369

1179
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 6829 Pennsylvania Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Beare Behre

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11, year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from September 9, 1941 to September 11, 1941; that I last saw him alive on September 11, 1941; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color of race WHITE 6. (a) Single, widowed, divorced, MARRIED

6. (b) Name of husband or wife SAROLINE (c) Age of husband or wife if alive 55 years (Month) July (Day) 25 (Year) 1884

Immediate cause of death Cirrhosis of liver

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>1</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business _____

12. Name GEORGE BEHRE

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

14. Maiden name BROWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant CHARLES BEHRE
(b) Address 6922 PENNSYLVANIA A.

17. (a) BURIAL (b) Date thereof 9-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CH

18. (a) Signature of funeral director J. P. Budack
(b) Address 7128 Michigan Ave

19. (a) SEP 12 1941 (b) J. P. Budack
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy None

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 L. V. Mullygan (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 9/11/41

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

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, fact should be so stated above.