No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32499

Registration District No. 784 Primary Registration District No. 104 Registrar's No. 1985

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 096
(c) City or town Ferguson (If outside city or town limits write "RURAL")
(d) Street No. Woodstock & Old Florissant (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna B. Behle
3. (b) If veteran, name war ----
3. (c) Social Security No. ----
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louis C. Behle
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Oct. (Month) 10 (Day) 1872 (Year)
8. AGE: Years 68 Months 10 Days 14 If less than one day hr. min.
9. Birthplace Brighton, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Housekeeping
MOTHER FATHER
12. Name Bernhardt Bendorf
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Theresa Schnutzler
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)
16. (a) Informant Louis C. Behle
(b) Address Old Florissant Rd. Ferguson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director White Funeral Home
(b) Address 118 N. Florissant Rd. Ferguson,
19. (a) SEP 26 1941 (Date received local registrar) (b) C. D. McGaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1941 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from 9-14-1941, to 9-25-1941; that I last saw h. alive on 9-25-1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Interstitial nephritis	1936
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus	1925
Major findings: Of operations —	
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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature Roy Johnson (M. D. or other) (M)
Address Ferguson Mo. Date signed 9-26-41

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.