DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33460

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8416

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: 2134a East Harris Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community Birth years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 99

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

(d) Street No. 2134a East Harris Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Behrend

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife John F. Behrend

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

7. Birth date of deceased December 3, 1858 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Fred Lohman
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Bocknorst
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Oliver J. Behrend

(b) Address 2134a E. Harris Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 E. Fair Ave

19. (a) [illegible] 10-24-41 J F Bradeck (Date) (Local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21, year 1941 hour 4:40 PM minute ___ M.

21. I hereby certify that I attended the deceased from July 30, 1941, to Oct 21, 1941; that I last saw her alive on Oct. 21, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	2 days
Due to Arteriosclerosis	
Chronic myocarditis	
Due to Chronic endocarditis (mitral ins.)	
Chronic interstitial nephritis	
Other conditions (Include pregnancy within 3 months of death)	

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 W. G. Krenning (M. D. or other)

Address 4548 Harris Av. Date signed 10/23/41

(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 William G. Buchholz

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 w the above constitutes grounds for revocation of license.)

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