

FILED APR 20 1942

Registration District No. _____

Primary Registration District No. 5574

Registrar's No. 19

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

25000

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town De Soto Rural Route # 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural R. # 2 Valley Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 17 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0500
(c) City or town De Soto Rural Route # 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R. # 2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Jr. Behrman

3. (b) If veteran, name war World 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 Pauline Behrman 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 15 1892 (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Auditor

11. Industry or business _____

MOTHER FATHER { 12. Name William Behrman
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Emma Ziegler
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Behrman
(b) Address De Soto, Mo. R. R. # 2
17. (a) Burial (b) Date thereof 4-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter Cem.

18. (a) Signature of funeral director Ludner and Co.
(b) Address 2223 St. Louis Ave.
19. (a) 4-7-42 (b) Fernal Spencer (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th
year 1942 hour 7 minute AM
21. I hereby certify that I attended the deceased from 1932 to 4-7 1942
that I last saw him alive on 4-5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Sclerosis Lateral amyotrophic
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 62-11

Major findings: Of operations _____
Of autopsy _____

Duration 20 yrs
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 Chas E. Faller (M. D. or other) _____
Address De Soto Mo Date signed 4-7-42

#10

551

APR 17 1942

JUL 1 3 1942

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 Homer J. Ponder
Licensed Embalmer No. 3367
P. O. Address 2243 St. Louis ave.
St. Louis, Mo.

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.