

S. No. 2  
M-9-4-41  
ev. 5-17-39  
I X29464

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11893

APR 6 1942

Registration District No. 204

Primary Registration District No. 200

Registrar's No. 714

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1616 Lucas-Hunt Rd.  
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1616 Lucas-Hunt Rd.  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Clara Von Behren

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

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Henry Von Behren

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 14 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 13  
If less than one day hr. min.

9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business home

12. Name Henry Horstmann

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

14. Maiden name Unknown

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

16. (a) Informant Henry Von Behren

(b) Address 1616 Lucas-Hunt Rd.

17. (a) burial (b) Date thereof 3-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem Drehmann-Harral

18. (a) Signature of funeral director 1905 Union Blvd

(b) Address 1905 Union Blvd

19. (a) MAR 30 1942 (b) C. S. McDevitt  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27  
year 1942 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from July 1941  
May 27 to Mar 27 1942

that I last saw her alive on May 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus  
Duration 8 days

Due to Carcinoma of rectum

Due to.....

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

Major findings:  
Of operations Uterus

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?.....

White at work..... (Specify type of place)  
(e) Means of injury.....

23. Signature Thos. M. Myers (M. D. or other) 0  
Address 2424 N. Grand Date signed 3/28/42

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

46  
0  
0

Dr. Thomas James - 4  
2424 N. Howard

**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 Albert R. Thonson Jr.  
Licensed Embalmer No. 4287  
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, fact should be so stated above.

MAR 30 1901