

FILED APR 10 1948

Primary Registration District No. 1003

Registrar's No. 3162

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mary Behling
3. (b) If veteran, name war 70 3. (c) Social Security No. 70

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 28 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 3 If less than one day.....hr.....min.

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

10. Usual occupation Housework

MOTHER FATHER

11. Industry or business.....
12. Name Charles Behling
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert H Behling
(b) Address 2619 Michigan Av.
17. (a) Burial (b) Date thereof 4-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem
18. (a) Signature of funeral director Walt Bros & Co
(b) Address 2929 S Jefferson Av.
19. (a) 9 1943 (b) J. F. Brumback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2619 Michigan Av.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1943 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from MARCH 30, 1943
to April 1st, 1943
that I last saw her alive on March 31st, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration 24 hr
Due to Chronic Myocarditis years
Due to Cardiovascular Disease years
Hypertensive Type
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy Cardiac hypertrophy extreme
Chronic Myocarditis (or infarct)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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) (Specify type of injury)
23. Signature Arnold Spies (M. D. or other) MD
Address 2632 N. KINGSTONWAY Date signed 4/1/43

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

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 *Gustav W. Dickert*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

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.