

S. No. 2  
M-2-43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12540

FILED MAY 2 1944 318

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

3742

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:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
In this community Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. Natural Bridge at Airport  
(If rural, give location)  
(e) Citizen of foreign country? NR  
If yes, name country.

3. (a) PRINT FULL NAME August W. Behle

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M. 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha E. Behle 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased August 14, 1891  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 8 7 hr. min.

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

10. Usual occupation Farming

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Christian Behle  
13. Birthplace Germany 4  
14. Maiden name Elizabeth C Banbert (Foreign country)  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry W. Behle  
(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 4/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director J. F. Budeck  
(b) Address Ferguson, Missouri.

19. (a) APR 22 1944 (Date received local health officer) (b) J. F. Budeck (c) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 21  
year 1944 hour 7:00 minute 00 M.

21. I hereby certify that I attended the deceased from 4-16-44 1944 to 4-21-44 1944  
that I last saw her alive on 4-21-44 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia  
Infection of Throat Duration 2 weeks  
Due to Acute Septic Pathology 5-day  
Due to General blood stream 7 day  
Infection Septicemia

Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings: none 1/15  
Of operations none  
Of autopsy as above

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) (e) Means of injury ✓  
While at work? ✓  
23. Signature Roy Johnson (M. D. or other)  
Ferguson Mo Date signed 4/24/44

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..... *L. M. White* .....

Licensed Embalmer No..... *3973* .....

P. O. Address..... *Ferguson, 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.**