

FILED JAN 5 1945  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis MO.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**2823 Nebraska**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **60 years** \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME **Anna Behr**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color **White**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **March 18 1863**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>81</b>	<b>9</b>	<b>13</b>	hr. _____ min. _____

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name **Not Known** **4**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Not Known**

15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Anthony Behr**

(b) Address **2823 Nebraska**

17. (a) **Burial** (b) Date thereof **1-3-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul Cen.**

18. (a) Signature of funeral director **Stanghermiller & Bond**

(b) Address **DEC 31 1944 3812 Grand Blvd.**

19. (a) \_\_\_\_\_ (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **2823 Nebraska** (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **30** year **1944** hour **7 A. M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **12-15** 19**43**, to **12-30** 19**44**, and that death occurred on the date and hour stated above.

that I last saw her alive on **12-29** 19**44**;

Immediate cause of death **Chronic myocardial hypertrophy**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) **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? \_\_\_\_\_

(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **John Adair** (M. D. or other) **MD**

Address **2767 Beavin Ave.** Date signed **12-30-44**

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed..... *Albert G. Hopper* .....

..... Licensed Embalmer No. .... *2971* .....

..... 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.**