

FILED FEB 20 1946

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

1388

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

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days
In this community Life
years, months or days

3. (a) PRINT FULL NAME Walter Von Behren

3. (b) If veteran, name war No
3. (c) Social Security No 325-07-4488

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian VonBehren 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased May 8, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Dept. Mgr.

11. Industry or business Butler Bros.

12. Name Henry Von Behren

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

14. Maiden name Carrie Amelung

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

16. (a) Informant Mrs. Lillian Von Behren

(b) Address 4863 Kossuth Ave.

17. (a) Burial (b) Date thereof Feb. 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 11 1946 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Des
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4863 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1946 hour 10 minute 10 p. m.

21. I hereby certify that I attended the deceased from Jan. 30, 1946 to Feb. 8, 1946
that I last saw him alive on Feb. 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac insufficiency
Due to arteriosclerotic heart disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature JR Bradley (M. D. or other)

Address Barnes Hospital, Date signed 2-9-46

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 Ralph Linders
Licensed Embalmer No. 4275
P. O. Address 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.