No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 19463

Primary Registration District No. 1003

Registrar's No. 5668

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution 3401 Arlington Ave. /
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3401 Arlington Ave. 9
(If rural, give location)

6

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

If yes, name country

3. (a) PRINT FULL NAME Charles F. Von Behren

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male O

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 1 (Month) 11 (Day) 1866 (Year)

8. AGE: Years 81 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Foreman

11. Industry or business American Stove -retired

FATHER
12. Name Louis Von Behren
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Scharlotte Kohring
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Pauline Von Behren
(b) Address 3401 Arlington Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) JUN 9 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 8 year 1947 hour 12 minute P M.

21. I hereby certify that I attended the deceased from June 1946 to June 8 1947; that I last saw him alive on June 7, 1947; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis Chronic | |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury O

23. Signature Nicholas J. Honich M. D. or other
Address 8902 Riverview Blvd. Date signed 6/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) N.J.Honich

8902 Riverview

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. Thompson Jr

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.