

FILED FEB 17 1948
Registration District No. 219783

Primary Registration District No. 5916

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural Cinque Hommes
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 88-3-17
(Specify whether years, months or days)
In this community 88-3-17
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME Frederick Behrle
3. (b) If veteran, name war:
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Anna Behrle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 8 1859
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business:

12. Name Gallus Behrle

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

14. Maiden name Gertchen Baer

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

16. (a) Informant Mrs. Henry Ruessler
(b) Address Perryville RFD # 1

17. (a) Burial, cremation, or removal Burial
(b) Date thereof 1-27-1948
(Month) (Day) (Year)
(c) Place: burial or cremation Highland Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 1-28-48 (b) Joe J. Zeller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 25
year 1948 hour 5 minute 20 AM

21. I hereby certify that I attended the deceased from 1944
....., 19....., to Jan 25 1948
that I last saw h.a.a. alive on 1-15, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AM
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

23. Signature Chas. D. ... (M. D. or other) DO
While at work? (Specify type of place)

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

License File Number 248-210

Date 2-16-48

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville, Md.

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.