

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27507
Registrar's No. 7370

Registration District No. 318

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mo (Specify whether years, months or days)
In this community 4 YEARS

3. (a) PRINT FULL NAME

JAMES BEHR

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife: RUTH C. BEHR 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased SEPT 28 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 22 If less than one day hr. min.

9. Birthplace PARIS (City, town, or county) ILL (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business BUILDING & MATH

12. Name JOHN BEHR

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

14. Maiden name PATRICIA THEE 9

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

16. (a) Informant Ruth Behr

(b) Address 1929 1/2 So BROADWAY

17. (a) BURIAL (b) Date thereof AUG 23 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CAM

18. (a) Signature of funeral director: Max Barker

(b) Address 6536 Clayton Rd

19. (a) AUG 23 1948 (b) J. E. Bruckner (Date received and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MO
(c) City or town ST LOUIS MO 17
(If outside city or town limits, write "RURAL")
(d) Street No. 23 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1948 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from 4/19/48 to August 20th 1948
that I last saw him alive on August 20th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition Duration

Due to Cancer of Tongue

Other conditions (Include pregnancy within 3 months of death) H5

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 E. H. Carson (M. D. or other)

Address 1515 Lafayette 8/20/48 Date signed

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

Gustav W. Dutka

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.