

STANDARD CERTIFICATE OF DEATH

State File No.

27508

National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

7192

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.....
3838 Flora
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 83 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Orlinda Behrens

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced..... Widow
 6. (b) Name of husband or wife..... Daniel F. Behrens 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... October 30 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 9 15 hr. min.

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

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... John Hy. Kaiser
 13. Birthplace..... Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Katherine E. Meier
 15. Birthplace..... Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant..... EARL F. DUNMEYER
 (b) Address..... 7106 Washington
 17. (a) Burial (b) Date thereof..... Aug. 17 48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... Oak Grove Mausoleum

18. (a) Signature of funeral director..... Beidervlieden F. H. Inc., While at work?
 (b) Address..... 1936 St. Louis Ave
 19. (a) AUG 16 1948 (b) J. J. Bredack
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3838 Flora
 (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..... 14
 year..... 1948 hour..... 4 minute..... 30 P.M.

21. I hereby certify that I attended the deceased from.....
February 9 1945 to..... August 14 1948
 that I last saw him..... live on..... August 14..... 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cancer of breast (right)
 Duration..... 27 yrs

Due to.....
 Due to..... 50

Other conditions..... General Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings..... Sclerosis of Myocarditis (chronic)
 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?.....
 (Specify type of place)

23. Signature..... H. Louis Schuchert (M. D. or other)
 Address..... 3846 Flora Place Date signed..... 8-16-48

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

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

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 _____

Max L. Warfel

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis Ave*

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.