

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9642

9293

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 66

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Charles | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospt | | d. STREET ADDRESS (If rural, give location) Route # 2 | |
| 3. NAME OF DECEASED a. (First) Louise b. (Middle) ? c. (Last) Behlmann | | | 4. DATE OF DEATH March 27 1949 (Month) (Day) (Year) |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept 14 1899 |
| 9. AGE (In years last birthday) 49 | | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME ? Fuchs | |
| 13b. MOTHER'S MAIDEN NAME Catherine Gritzer | | 14. NAME OF HUSBAND OR WIFE Joseph Behlmann Florissant Mo | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Jos. Behlmann Florissant Mo. | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension | | | INTERVAL BETWEEN ONSET AND DEATH 4 years |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none | | | |
| DUE TO (c) none | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | |
| 19a. DATE OF OPERATION March 16, 1949 | | 19b. MAJOR FINDINGS OF OPERATION Uterine Prolapse, Rectovaginal atrophy, Endometrium | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (Spec. in or about home, farm, factory, street, office bldg., etc.) None | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? none | | | |
| 22. I hereby certify that I attended the deceased from Feb. 23, 1949 , to March 27, 1949 , that I last saw the deceased alive on March 27, 1949 , and that death occurred at 1 P. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Don Z. Randall, M.D. | | 23b. ADDRESS 207 N. 5th St. St. Charles, Mo. | |
| 23c. DATE SIGNED March 28, 1949 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar. 30 1949 | |
| 24c. NAME OF CEMETERY OR CREMATORY Sacred Heart | | 24d. LOCATION (City, town, or county) (State) Florissant Mo. | |
| DATE REC'D BY LOCAL REG. 3/29/49 | | REGISTRAR'S SIGNATURE Kenneth Bevelton | |
| 25. SIGNATURE OF EMBALMER Jos. W. Clark | | ADDRESS 1125 Hodiamont Ave | |

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

