

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 27 1949

State File No. **34916**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8723**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital | | d. STREET ADDRESS (If rural, give location) 23 - 2215 Menard St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Mary c. (Last) Behnan | | | 4. DATE OF DEATH (Month) (Day) (Year) 10 8 49 | | |
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|--------------------------------|---|---|---|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH February 14, 1863 | 9. AGE (In years last birthday) 86 | 10. UNDER 1 YEAR (Days) 24 | 11. UNDER 1 HRS. (Hours) (Min.) |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Theodore Dornbusch | 13b. MOTHER'S MAIDEN NAME Margaret Wester | 14. NAME OF HUSBAND OR WIFE Herman |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME George Behnen | ADDRESS 2719 Gravois Ave. |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH many years making years |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Fibrosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 131 - |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 002X |
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22. I hereby certify that I attended the deceased from Sept 13, 1949 to 10/8, 1949, that I last saw the deceased alive on 10/8, 1949 and that death occurred at 9:20 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Clotus L. Krag M.D. | 23b. ADDRESS 5600 Arsenal St St Louis | 23c. DATE SIGNED Oct 9 1949 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10/12/49 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. |
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| DATE REC'D BY LOCAL REG. OCT 10 1949 | REGISTRAR'S SIGNATURE J. B. Lassiter | 25. FUNERAL DIRECTOR'S SIGNATURE Gibbs & Sons | ADDRESS 2630 Gravois Ave. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ronald Yabuoke

Licensed Embalmer No. 3917

P. O. Address 4104 Manchester 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.