

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10152

State File No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>2632</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>13 - 5400 Arsenal</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) _____			c. (Last) <u>BEHLING</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>10/8/82</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>nil</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>H erman Behling</u>			
13b. MOTHER'S MAIDEN NAME <u>Augusta Klopman</u>				14. NAME OF HUSBAND OR WIFE _____			
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 <u>Fred Behling</u> ADDRESS <u>289 Loney Farm</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>						5yrs.x	
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>1331X</u> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan. 1, 1945</u> , to <u>Mar. 18, 1950</u> , that I last saw the deceased alive on <u>Mar. 18, 1950</u> , and that death occurred at <u>9:10 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Hofkoelcer M.D.</u>				23b. ADDRESS <u>5400 Arsenal St.</u>		23c. DATE SIGNED <u>3/20.50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>2 Cremation</u>		24b. DATE <u>3/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20 1950</u>		REGISTRAR'S SIGNATURE <u>J B Sarsater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Fendler 7420 Michigan</u>			

(Licensed Embalmer's Statement on Reverse Side)

WHITE PRINTING - 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.....

Not Embalming

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

W E Morris

Licensed Embalmer No. *3360*

P. O. Address.....

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

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