

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3070** Registrar's No. **2844**

4007

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>	
c. LENGTH OF STAY (In this place) <b>58</b>		d. STREET ADDRESS (If rural, give location) <b>470 Oak St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>470 Oak St.</b>		e. STREET ADDRESS (If rural, give location) <b>470 Oak St.</b>	

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3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Edward</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Behrens</b>	Nov.		25, 1950
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 3, 1879</b>		9. AGE (In years last birthday) / UNDER 1 YEAR / UNDER 28 HRS. <b>71</b> / <b>Months</b> / <b>Days</b> / <b>Hours</b> / <b>Min.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Abstractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lawyers Title Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
13a. FATHER'S NAME <b>Edw. Wm. Behrens</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Conrad</b>		14. NAME OF HUSBAND OR WIFE <b>Caroline R. Behrens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-03-5184</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Caroline Behrens</b>	
				ADDRESS <b>470 Oak St. W. G. Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Abstractor</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-03-5184</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Caroline Behrens</b>	
				ADDRESS <b>470 Oak St. W. G. Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Dis. Heart - Angina</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerosis</b> DUE TO (c) <b>Also C.M.S. attacks of Petit Mal</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<b>4201</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (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 **Nov. 19**, **perhaps 15**, 19**50**, that I last saw the deceased alive on **11/25**, 19**50**, and that death occurred at **6:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank P. Gault, M.D.</b>		23b. ADDRESS <b>132 N. Gore Webster Groves Mo.</b>		23c. DATE SIGNED <b>11/25/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-27-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CHARLES CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	

DATE REC'D BY LOCAL REG. <b>11/26/50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donkha M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MITTELBERG FUNERAL HOME, INC.</b>	
				ADDRESS <b>23 W. BACKWOOD AVE</b>	

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 Me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Leonard Remelius

Licensed Embalmer No. 4293

P. O. Address St. Louis, Mo.

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.