

No. 300-10-45 JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21731

State File No. 5986  
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>3 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2249</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin DeLoge Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>24 2931 a Lemp Ave.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Otto</b> b. (Middle) ----- c. (Last) <b>Behring</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 25, 1952</b>								
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 19 1887</b>		9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Copper Clad Range Co. St. Louis, Missouri</b>			11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>John Behring</b>			13b. MOTHER'S MAIDEN NAME <b>Hattie Osborne</b>			14. NAME OF HUSBAND OR WIFE <b>Margaret</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>492-05-0952</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Behring 4332 S. 1st St. Louis, Mo.</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Passive Congestion</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>Dec 1951</b>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b) <b>Myocarditis</b>	DUE TO (c)										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							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.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4222</b>						
22. I hereby certify that I attended the deceased from <b>Feb 23, 1952, to June 24, 1952</b> , that I last saw the deceased alive on <b>June 24, 1952</b> , and that death occurred at <b>12 noon</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Leroy E. Edlison M.D.</b>				23b. ADDRESS <b>3610 so Broadway, St. Louis Mo</b>				23c. DATE SIGNED <b>JUN 26 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 27, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>2000 Lemp Ferry Road, L. emay, Mo</b>					
DATE REC'D BY LOCAL REG. <b>JUN 26 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</b>						

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*James C. Hoffmeister*

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address. 7814 S Broadway

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.