

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26706

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1833

1. PLACE OF DEATH a. COUNTY St. Louis /			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 Bridgeton		c. LENGTH OF STAY (In this place) 53 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 21, Mo. 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 10,898 Natural Bridge Rd.			d. STREET ADDRESS (If rural, give location) 10,898 Natural Bridge Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) Christian		b. (Middle) L.	c. (Last) Behle	4. DATE OF DEATH (Month) (Day) (Year) July 2 1952	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan. 9, 1878	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months 5 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Ferguson, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Christian Behle		13b. MOTHER'S MAIDEN NAME Elizabeth Bangertt		14. NAME OF HUSBAND OR WIFE Mary C. Behle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary C. Behle, St. Louis 21, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 hr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema, Myocardial infarction	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 10 yrs				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	4200				
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)	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?			
22. I hereby certify that I attended the deceased from 3-21, 1952 to 6-26, 1952, that I last saw the deceased alive on 6-20, 1952, and that death occurred at 11:00 Am., from the causes and on the date stated above.					
23a. SIGNATURE Richard H. Weaver M.D.		(Degree or title)		23b. ADDRESS 40 N. Flouissant	23c. DATE SIGNED 7/2/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/6/52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.,		
DATE REC'D BY LOCAL REG. 7-3-52	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.		

S.W. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

L. M. White

Licensed Embalmer No. *3953*

P. O. Address *Herquon, S.C.*

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.