

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29231

LED SEP 8-1952

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8082
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY OR TOWN St. Louis		a. STATE Missouri		b. COUNTY 2170
c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 17 4133 a Lafayette		
3. NAME OF DECEASED (Type or Print) Katherine		a. (First)	b. (Middle) Behrens	c. (Last)
4. DATE OF DEATH Aug. 24, '52		5. SEX Female /		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1882		9. AGE (in years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Peter Miller		13b. MOTHER'S MAIDEN NAME Catherine Ehlin
14. NAME OF HUSBAND OR WIFE Charles Behrens		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 John Behrens		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. ADDRESS 4133 a Lafayette
MEDICAL CERTIFICATION		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 15 DAYS
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) CORONARY OCCLUSION		15 DAYS
DUE TO (c) CORONARY SCLEROSIS		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE		5 YEARS
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201
22. I hereby certify that I attended the deceased from AUG. 9, 1952, to AUG. 24, 1952, that I last saw the deceased alive on AUG. 24, 1952, and that death occurred at 10:15A m., from the causes and on the date stated above.				
23a. SIGNATURE Robert G. Hall		23b. ADDRESS (Degree or title) M.D. O 3902 LAFAYETTE ST. LOUIS, Mo.		23c. DATE SIGNED AUG 26, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 27 '52		24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) St. Louis		24e. (State) Missouri		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 26 1952 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Thos. J. Finan		ADDRESS 1519 S. Grand Bld.

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~~ me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Wilkinson

Licensed Embalmer No. 3575

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.