

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2849**
0341
Registrar's No. _____

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		21269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2009 Angelroad				d. STREET ADDRESS (If rural, give location) 26 2009 Angelroad			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) C		c. (Last) Behan		4. DATE OF DEATH (Month) (Day) (Year) 1 12 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-30-1902	
9. AGE (In years last birthday) 50		10. UNDER 1 YEAR Months _____		11. UNDER 1 YEAR Days _____		12. UNDER 1 YEAR Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Lawyer's Title Ins Co			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Michael J. Behan				13b. MOTHER'S MAIDEN NAME Wilhelmina Obenhaut			
14. NAME OF HUSBAND OR WIFE Ruth Behan							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 494-01-6992			
17. INFORMANT'S SIGNATURE OR NAME Ruth Behan				ADDRESS 2009 Angelroad			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Re cardiac decompensation ANTECEDENT CAUSES A.S. C V R disease DUE TO (b) Uncertain DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none							
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) no		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? 442X			
22. I hereby certify that I attended the deceased from 6-30-1951 to Jan. 12, 1953 , that I last saw the deceased alive on Oct. 2, 1952 , and that death occurred at 12:05A.M. , from the causes and on the date stated above.							
23a. SIGNATURE H.E. Oppenheimer, M.D. (Degree or title) 0				23b. ADDRESS 508 N-Grand Blvd., St. Louis Mo		23c. DATE SIGNED Jan 12, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 13 1953		25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch + Son		ADDRESS 3176 N. 14th			

(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

M. W. Ruetter

Licensed Embalmer No. *4865*

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.