

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11225

State File No.

FILED MAR 18 1953

1003

Registrar's No. 2156

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 2156			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 6 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3000 Louisiana				8	
3. NAME OF DECEASED (Type or Print) ALBERTA			a. (First)		b. (Middle) BEHRENS		c. (Last)		
4. DATE OF DEATH February 23, 1953			5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH 8 June 1929			9. AGE (In years last birthday) 23		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		11. BIRTHPLACE (City and State or Foreign Country) Robertsville, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Ray McDaniel		13b. MOTHER'S MAIDEN NAME Hattie Guenzler		14. NAME OF HUSBAND OR WIFE Ray Charles Behrens		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ray C. Behrens ADDRESS 3000 Louisiana				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis Transverse Myelitis						INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) measles (Hemorrhagic)		DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21d. (COUNTY) _____		21e. (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? 0850					
22. I hereby certify that I attended the deceased from February 18, 1953, to February 23, 1953 , that I last saw the deceased alive on February 23, 1953 , and that death occurred at 2:15 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. M. Higgins, M.D.				23b. ADDRESS 1515 Lafayette Avenue				23c. DATE SIGNED 2-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 27 Feb., 1953		24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo			
DATE REC'D BY LOCAL REG. FEB 25 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. x P.				25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc., 1936 St. Louis ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

EGG 8 10/11

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 Max L. Weyfel

Licensed Embalmer No. 4170

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.