

FILED OCT 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

37015

|  |  |  |  |  |  |  |                                  |   |  |
|--|--|--|--|--|--|--|----------------------------------|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>318</u>  |  | PRIMARY REG. DIST. NO. <u>1003</u>   |  | Registrar's No. <u>9986</u>  |                                  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> |  |  |                                  | b. COUNTY _____   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>   |  | c. LENGTH OF STAY (In this place) <u>3 Weeks</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>                      |  | 2099   |                                  |   |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hospital</u>  |  |  |  | d. STREET ADDRESS (If rural, give location) <u>6334 North Broadway,</u>  |  |  |                                  | 0   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Henry</u>   |  |  | b. (Middle) <u>F.</u>                                  |  |  | c. (Last) <u>Behring</u>   |                                  |   |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 17 - 1953</u>  |  |  | 5. SEX <input checked="" type="radio"/> Male           |  |  | 6. COLOR OR RACE <u>White</u>  |                                  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |  |
| 8. DATE OF BIRTH <u>1-2-1874</u>   |  |  | 9. AGE (In years last birthday) <u>79</u>              |  | 10. MONTHS <u>0</u>  |  | 11. DAYS <u>0</u>                |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>City Employee</u> |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> |                                  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                            |  |
| 13a. FATHER'S NAME <u>Frederick Behring</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Marie Varwig</u>          |  |  | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u>                              |                                  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>                 |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss. Hyldah Behring, 6334 N. Broadway</u>        |  |                                  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ischemic Hemorrhage + Perforation</u>   |  |  |  |  |                                  | INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>                        |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Ischemic Constriction</u> |  |  |  |  |                                  |   |  |
|  |  | DUE TO (c) _____   |  |  |  |  |                                  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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 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) (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? <u>151X</u>   |  |  |                                  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Oct 2, 1953, to Oct 17, 1953</u> , that I last saw the deceased alive on <u>Oct 16, 1953</u> , and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |                                  |   |  |
| 23a. SIGNATURE (Degree or title) <u>W. C. King M.D.</u>  |  |  |  | 23b. ADDRESS <u>8201 N. Broadway</u>   |  |  | 23c. DATE SIGNED <u>10/18/53</u> |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>10-20-1953</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>       |                                  |   |  |
| DATE REC'D BY LOCAL REG. <u>OCT 20 1953</u>  |  | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math. Hermann &amp; Son Inc. 2161 E. Fair Ave.</u> |  |                                  |   |  |

(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 \_\_\_\_\_

*Welford G. Bursley*

Licensed Embalmer No. \_\_\_\_\_

*4202*

P. O. Address \_\_\_\_\_

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

\*If this body is not embalmed, fact should be so stated above.