

FILED FEB 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2566**
Registrar's No. **0706**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 MISSOURI b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 2 yrs 9 mos | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | | e. STREET ADDRESS (If rural, give location) 6724 Eichelberger Ave. 2029 | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) HILDA | b. (Middle) ANNA | c. (Last) BEHNKEN | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1954 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept. 4, 1890 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days |
| 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) Brenham, Texas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Louis F. Brassmuck | | 13b. MOTHER'S MAIDEN NAME Bertha Fischer | | 14. NAME OF HUSBAND OR WIFE Rev. John W. Behnken, D.D. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS The Rev. John W. Behnken, 6724 Eichelberger | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH 7 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast, metastatic | | | | |
| | ANTECEDENT CAUSES | | | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | |
| | DUE TO (b) _____ | | | | |
| | 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 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? 170X | | | |
| 22. I hereby certify that I attended the deceased from Jan 20, 1954 , to Jan 20, 1954 that I last saw the deceased alive on Jan 20, 1954 and that death occurred at 1:00 P.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Edmund W. G. Schmidt, M.D. | | 23b. ADDRESS 3701 Grand St. S. | | 23c. DATE SIGNED 1/22/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Jan. 23, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| DATE REC'D BY LOCAL REG. JAN 23 1954 | REGISTRAR'S SIGNATURE J. C. Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave. | | | |

(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 _____
Signature of Student Embalmer

Signed David June

Licensed Embalmer No. 4151

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.