

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20177

4809

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. 20177	
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1119 FREY AV</b>		e. STREET ADDRESS (If rural, give location) <b>22 1119 FREY</b>		2229			
3. NAME OF DECEASED. (Type or Print)		a. (First) <b>SARKIS</b>		b. (Middle) <b>BEHITER</b>		c. (Last) _____	
4. DATE OF DEATH		(Month) _____ (Day) <b>5-28</b> (Year) <b>1954</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>JAN. 25-1871</b>	
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Wks. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED DAY LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CITY OF ST. LOUIS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SYRIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOSEPH BEHITER</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>JULIA BEHITER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>RAYMOND BEHITER 1119 FREY</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Carcinoma of Prostate</b> Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>unk</b> <b>unk</b> <b>unk</b>					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200 H</b>			
22. I hereby certify that I attended the deceased from <b>May 10, 1954</b> to <b>May 29, 1954</b> , that I last saw the deceased alive on <b>May 27, 1954</b> , and that death occurred at <b>345 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert Swanner M.D.</b> (Degree or title)		23b. ADDRESS <b>Paul Brown Dept. of Lino</b>		23c. DATE SIGNED <b>May 29 54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>DURIAL</b>		24b. DATE <b>5-31-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>S.S. PETER &amp; PAUL CEM</b>		24d. LOCATION (City, town, or county) <b>ST. LOUIS</b> (State) <b>MO</b>	
DATE REC'D BY LOCAL REG. <b>JUN 1 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		GENERAL DIRECTOR'S SIGNATURE <b>Thomas Nettis</b>		ADDRESS <b>2906 Barnes</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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: *Leo J. Budde*  
.....

Licensed Embalmer No. *396*

P. O. Address *2906*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.