

FILED SEP 21 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31886**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7873**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7873</b>	
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) <b>2 hours</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4551 Harris Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie A. Behring</b> b. (Middle) <b>(Aka) Alta Marie</b> c. (Last) <b>Behring</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 25 1956</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb 10 1908</b>	
9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Whiting, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Conyers</b>		14. NAME OF HUSBAND OR WIFE <b>Henry G. Behring</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-03-6825</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Henry G. Behring, 4551 Harris Avenue</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>Fracture of Skull;</b> ANTECEDENT CAUSES <b>Subdural Hematoma</b> DUE TO (b) <b>suffered when diseased</b> DUE TO <b>fall down steps in home</b> II. OTHER SIGNIFICANT CONDITIONS <b>fallen August 25 1956</b> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>exact time unknown</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 25 56 ?</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>EO E900.0</b>			
22. I hereby certify that I attended the deceased from <b>19</b> to <b>19</b> , 19 <b>56</b> that I last saw the deceased alive on <b>19</b> , and that death occurred on <b>AUG 25</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph Hermann</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>8/27/56</b>	
24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 28 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>AUG 27 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MATH HERMANN &amp; SON, INC., 2161 E. FAIR AVE</b> ADDRESS			

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

(Licensed Embalmer's Statement on Reverse Side)

**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.

Signed \_\_\_\_\_

*Oliver W. Noy*

Student .....  
Student Embalmer

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

*3737*

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.