

STANDARD CERTIFICATE OF DEATH

33215

STATE FILE NUMBER 8874

FILED OCT 4 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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|--|----------------------------------|---|--|---|---|--|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 ST. Anthony Hosp | | | Length of stay in lb 3 Days | | STREET ADDRESS 224 STREET 2823 Nebraska | | Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Anthony Middle P Last BEHR | | | | 4. DATE OF DEATH Month 9 Day 20 Year 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH 12-17-1898 | | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Month 9 Days 3 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker | | | 10b. KIND OF BUSINESS OR INDUSTRY Refinery | | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Oswald Behr | | | | 14. MOTHER'S MAIDEN NAME Anna Hommer | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT Address Katheryn Graber 4639 Quincy | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial failure DUE TO (b) Bronchial asthma DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 241X | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 8 days 14 years |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 10-13-57 to 10-20-57 and last saw ^{him} him alive on 10-20-57 . Death occurred by 7 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE John A. Bertland (Degree of title) | | | | 22b. ADDRESS 3739 Travis | | 22c. DATE SIGNED 9-21-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 9-23-1957 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET Burial Prk. | | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. | | |
| 24. FUNERAL DIRECTOR WINGBERMUEHLE ADDRESS 3819 So Grand Blvd | | | | 25. DATE RECD. BY LOCAL REG. SEP 23 57 | | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George J. Angermuehl*
.....

Licensed Embalmer No. *216*

P. O. Address *Honolulu*

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.