

Health,  
& Welfare  
Public  
Service

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XC 6684746 SL16536  
FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019472  
STATE FILE NUMBER  
318 Primary Registration District No. 1003 Registrar's No. 5379

5. 300  
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		Length of stay in lb <b>29 days 21 89</b>	d. STREET ADDRESS (If outside, give location) <b>6401 N. Broadway</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William Behring</b>		4. DATE OF DEATH Month Day Year <b>5-21-58</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-24-09</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Super.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bellefontaine Cem.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henry Behring</b>	
14. MOTHER'S MAIDEN NAME <b>Elizabeth Widmer</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Behring</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes unknown) (If yes, give war or dates of service) <b>WWII</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Evelyn Behring - 6401 N. Bdwy. VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>RUPTURED ARTERIOSCLEROTIC ANEURYSM LEFT ANTERIOR</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 HOURS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - - - DUE TO (c) - - - - -		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>St. Louis, Missouri</b>		20g. STATE <b>Missouri</b>	
21. <b>VA</b> attended the deceased from <b>4-22-58</b> to <b>5-21-58</b> and last saw <b>him</b> alive on <b>5-21-58</b> Death occurred at <b>14:35 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Cecil J. Jancuski M.D.</b>	
22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>5-21-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 24, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 22 58</b>	
26. REGISTRAR'S SIGNATURE <b>Charles Smith MO</b>			

(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.

Student .....  
Signature of Student Embalmer

Signed *Clement M. Gray* .....

Licensed Embalmer No. *3732* .....

P. O. Address *St. Louis* .....

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.