

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031339
State File No.

FILED SEP 12 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2215

1. PLACE OF DEATH a. COUNTY SE LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SE. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) BELLEFONTAINE NEIGHBORS		c. CITY OR TOWN BELLEFONTAINE NEIGHBORS 4000	
c. LENGTH OF STAY (in this place) 8 YRS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) SE. LOUIS ST. TR. SCHOOL		e. STREET ADDRESS (If rural, give location) BELLEFONTAINE ROAD 10695	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) DEAN	
c. (Last) BEHEE		4. DATE OF DEATH (Month) 8 (Day) 1 (Year) 1958	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 6-3-1950
9. AGE (In years last birthday) 7 1/2	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) /	11. BIRTHPLACE (City and State or Foreign Country) SE LOUIS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Mr. Unknown		13b. MOTHER'S MAIDEN NAME BETTY JEAN BEHEE	
14. NAME OF HUSBAND OR WIFE /		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'S SIGNATURE OR NAME Records of St. Louis State Tr. School	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Palsy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 351 X	
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?		22. I hereby certify that I attended the deceased from Aug 17 19 50 , to Aug 1 19 58 , that I last saw the deceased alive on Aug 1 19 58 , and that death occurred at 11:57 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Edward P. [Signature], M.D.		23b. ADDRESS 10695 Bellefontaine Rd, St. Louis	
23c. DATE SIGNED 9/1/58		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 8/6/58		24c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BLDG	
24d. LOCATION (City, town, or county) (State) WASHINGTON CC.		25. FUNERAL DIRECTOR'S SIGNATURE HOWLAND - AKER	
25. ADDRESS 4104 MARINE STREET		DATE REC'D BY LOCAL REG. 8-25-58	
REGISTRAR'S SIGNATURE Herbert R. [Signature] M.D.		25. ADDRESS St. Louis	

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

P. O. Address.....

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.