

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033988
STATE FILE NUMBER

FILED SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 8744

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 MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 PARK LANE		Length of stay in 1b 38 yrs.	d. STREET ADDRESS (If outside, give location) 26 1914 SALISBURY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE J. BEHRENS			4. DATE OF DEATH Month Day Year SEPT. 9, 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 26, 1893	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY SIGN CO.	11. BIRTHPLACE (City and state or country) JOHANNESBURG, ILL.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN BEHRENS		13b. MOTHER'S MAIDEN NAME MARY STUMBERG		14. NAME OF HUSBAND OR WIFE EMMA BEHRENS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 489-01-2444	17. INFORMANT Address MRS. ROSEMUND HEITNER 4141 GLASGOW		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Enlargement</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>virus infection pulmonary intestinal</u> DUE TO (c) <u>4201</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 8 hrs
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 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 <u>1-6-58</u> to <u>9-9-58</u> and last saw ^{him} alive on <u>Sept 8, 1958</u> Death occurred at <u>Sept 9-1958</u> <u>3A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wm. A. Knight M.D.</u>			22b. ADDRESS <u>8201 North Broadway</u>		22c. DATE SIGNED <u>9/10/58</u>
23a. BURIAL, CREMATION, & REMOVAL (Specify) <u>REMOVAL UVIATOR</u>		23b. DATE <u>SEPT. 12, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u>		23d. LOCATION (City, town, or county) (State) <u>OKANVILLE ILL.</u>
24. FUNERAL DIRECTOR ADDRESS <u>SUEDMEYER SONS 3934 N. 20TH ST.</u>			25. DATE RECD. BY LOCAL REG. <u>SEP 10 '58</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>mjb</u>

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 *Justin W. Guterle*

Licensed Embalmer No. *4329*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.