

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-003880

FILED VS JAN 16 1961

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 60

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton (5)		Length of stay in 1b 3 hrs.	c. CITY OR TOWN Lemay (25)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Louis Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 322 Weiss Ave.
3. NAME OF DECEASED (Type or print) First Middle Last John Jacob Behnen			4. DATE OF DEATH Month Day Year January 7 - 1961
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Worker		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) ST. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Herman Behnen		13b. MOTHER'S MAIDEN NAME Iheka?	14. NAME OF HUSBAND OR WIFE MARY Behnen
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. None	17. INFORMANT Address MARY Behnen 322 Weiss Ave. (25)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inteabdominal carcinomatosis DUE TO (b) Carcinoma of the prostate DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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. Month, Day, Year _____	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 January 7, 1961 to January 7, 1961 and last saw him alive on January 7, 1961 Death occurred at 2:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Albert A. Howe M.D.		22b. ADDRESS 601 S. Brentwood, Clayton, Mo.	22c. DATE SIGNED 1/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Jan 10, 1961	23c. NAME OF CEMETERY OR CREMATORY MT. Olive Cemetery	23d. LOCATION (City, town, or county) (State) LEMAY (25) Mo.
24. FUNERAL DIRECTOR ADDRESS Fendler Undertaking Co. 7420 Michigan		25. DATE RECD. BY LOCAL REG. 1-8-61	26. REGISTRAR'S SIGNATURE June M. [Signature]

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 W. L. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michu

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.