SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5229 STATE FILE NUMBER 61-022301

FILED JUN 16 1961

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 — Length of stay in 1b: 60 YRS.

c. CITY OR TOWN ST. LOUIS — Inside Limits: Yes ☑ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LITTLE-SISTERS-OF-THE-POOR 3225 NO. FLORISSANT-AV — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) FORMERLY: 1863 A MADISON-ST. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: KATIE Middle: D. Last: BEHRNS

4. DATE OF DEATH Month: JUNE Day: 3 Year: 1961

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 3-18-1869

9. AGE (last birthday): 92 YRS. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FORMERLY: FURNITURE-POLISHER

10b. KIND OF BUSINESS OR INDUSTRY: UNION-MAY-STERN-CO

11. BIRTHPLACE (City and state or country): LIVELY-GROVE-ILL.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HENRY-DIECKER

13b. MOTHER'S MAIDEN NAME: ANNA-ALBERS

14. NAME OF HUSBAND OR WIFE: HARRY-BEHRNS (DECD.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE

17. INFORMANT: ELLA-WEISE — Address: 4394-WEST-PINE-BL.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary thrombosis or myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio-sclerotic-heart disease — ???

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — None

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 ☐ NOT WHILE AT WORK ☐

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 May 12, 1961 to June 3, 1961 and last saw her alive on May 29, 1961

Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard H. Hoke MD (Degree or title)

22b. ADDRESS 2435 N. Grand Blvd

22c. DATE SIGNED 6/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JUNE-6-1961

23c. NAME OF CEMETERY OR CREMATORY: CALVARY-CEMETERY

23d. LOCATION (City, town, or county): ST. LOUIS (State): MO.

24. FUNERAL DIRECTOR: Brockland Und. Co. ADDRESS: 1827-HOGAN-ST.

25. DATE RECD. BY LOCAL REG.: JUN 5 1961

26. REGISTRAR'S SIGNATURE: Hal Smith M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

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 J W M Bunkley

Licensed Embalmer No. 3653

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.