

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

72061-027447  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

FILED AUG 8 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

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>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>2 weeks</b>	c. CITY OR TOWN <b>Hillsboro</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Incarnate Word Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>45 So. Lake Dr. Lake Wauwanka</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CLARICE</b> Middle <b>REGINA</b> Last <b>VON BEHRENS</b>	4. DATE OF DEATH Month <b>Aug.</b> Day <b>1,</b> Year <b>1961</b>
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5. SEX <b>female</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>1/10/1924</b>	9. AGE (last birthday) <b>37</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nurse</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>medical</b>	11. BIRTHPLACE (City and state or country) <b>Farmington, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>John D. Schultze</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Burlbaw</b>	14. NAME OF HUSBAND OR WIFE <b>Vernon C. Von Behrens</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	17. INFORMANT Address <b>Vernon C. Von Behrens, Hillsboro, Mo.</b>
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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>Metastatic Malignant Melanoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 YRS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Primary - Rt. Leg.</b>	
	DUE TO (c) <b>190.7</b>	

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 <b>St. Louis</b>	COUNTY <b>St. Louis</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>1957</b> to <b>8-1-61</b> and last saw her <sup>her</sup> <sub>him</sub> live on <b>7-31-61</b> Death occurred at <b>9:05 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John W. Daake M.D.</b> (Degree or title)	22b. ADDRESS <b>740 S. 4<sup>th</sup> St. Louis</b>	22c. DATE SIGNED <b>8-2-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>8/4/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>
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24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>	25. DATE RECD. BY LOCAL REG. <b>AUG 3 1961</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>
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Dr. John W. Daake

to be gotten at his home

48 Portland Pl. possibly 5 PM  
Wed.

Phones FO 7- 0703  
FO 7- 4180

**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 \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address J. Daake

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.