

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

STATE OF MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 Registration District No. **007-28-1961** Primary Registration District No. **1003** Registrar's No. **9549** -61-038282  
 STATE FILE NUMBER

DATE AMENDED  
 2

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>2 weeks</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1908 a Utah</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3025 S. Jefferson</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Martha</b> Middle <b>B.</b> Last <b>Behr</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>15,</b> Year <b>1961.</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>5/4/99</b>	9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler (disabled)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Vickers Elec. Co.</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Leo F. Hienrichs</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Louise Rischert</b>			14. NAME OF HUSBAND OR WIFE <b>Anthony Behr</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Rudy L. Simanek, 1908 a Utah</b>		Address	
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>congenital heart failure</b> DUE TO (b) <b>Myocardial infarct (old)</b> DUE TO (c) <b>arteriosclerotic heart disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>? 9 wks</b> <b>? 9 wks</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus 420.0</b>					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			
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.)						
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 <b>9-1-61</b> to <b>10-15-61</b> and last saw her/him alive on <b>10-13-61</b> Death occurred at <b>10-15-61 9:15 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Rudy L. Simanek MD</b> (Degree or title)				22b. ADDRESS <b>1325 S Grand Blvd</b>		22c. DATE SIGNED <b>10-16-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Oct. 18, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery, St. Louis Co., Mo.</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b> (State)			
24. FUNERAL DIRECTOR <b>Wacker-Helderle, 3634 Gravois</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>OCT 16 1961</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>			

**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 Delis J. Krupin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.