

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014898

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

032

Primary Registration District No.

4042

Registrar's No.

31

STATE FILE NUMBER

FILED APR 23 1963

1. PLACE OF DEATH

a. COUNTY

BOLLINGER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

LUTESVILLE

Length of stay in 1b

7 mo.

c. FULL NAME OF (If NOT in hospital, give location),
HOSPITAL OR INSTITUTION

Bond Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY

OR

TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MARIE F. BEHLING

5. SEX

F.M.

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Jan. 20 1882

9. AGE (last birthday)

81

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Bellville, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

August Schreiber

13b. MOTHER'S MAIDEN NAME

Bertha Burkhardt

14. NAME OF HUSBAND OR WIFE

Fred Behling

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

490-38-3921A

17. INFORMANT

Mrs. Marie Dietrich, St. Louis, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident 3 days

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

DUE TO (b)

Arteriosclerosis generalized

DUE TO (c)

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 ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 17-30-62 to 4-14-63 and last saw her alive on 4-13-63. Death occurred at 8:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John Neugebhart DO.

22b. ADDRESS

Lutesville, Mo.

22c. DATE SIGNED

4-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-17-63

23c. NAME OF CEMETERY OR CREMATORY

BOLLINGER CO. MEM.

23d. LOCATION (City, town, or county)

LUTESVILLE, MO

24. FUNERAL DIRECTOR

Stene Ward, Lutesville, Mo

ADDRESS

4-16-63

25. DATE RECD. BY LOCAL REG.

4-16-63

26. REGISTRAR'S SIGNATURE

Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

6090

2009

3

4 1

5 1

6

7 1

8 2

9331X

10

11

1286-2

131-0

MAY 29 1963

JUN 11 1963

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 Kenneth Liley

Licensed Embalmer No. 5086

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.