

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 022 Primary Registration District No. 4042 Registrar's No. 86

FILED DEC 23 1989

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville	Length of stay in 1b 1 YR.	c. CITY OR TOWN ST. LOUIS	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOND Nursing Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2042 E. John	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH	Month	Day	Year	
			FRED	E.	BEHLING		Dec.	9.	1963	
5. SEX	6. COLOR OR RACE	7. Married Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR.	
M	W		AUG. 7 1981		82		Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME <i>Herman Behling</i>	13b. MOTHER'S MAIDEN NAME <i>Augusta Klokzin</i>	14. NAME OF HUSBAND OR WIFE <i>Marie</i>
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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)	16. SOCIAL SECURITY NO. 490-38-3921A	17. INFORMANT Mrs. Fern Vthoff	Address St. Louis
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16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	Cerebral Vascular hemorrhage	3 days
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDER- LYING CAUSE LAST.	DUE TO (b) Arterio Sclerosis.	
	DUE TO (c)	

SECTION	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 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.)
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MEDICAL	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
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21. I attended the deceased from 9-19-62, to 12-9-63 and last saw ^{her} ~~him~~ alive on 12-9-63.
Death occurred at 6:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS <i>[Address]</i>	22c. DATE SIGNED <i>12-16-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION (City, town, or county)	(State)
BURIAL	12-11-13	BALLINGER COUNTRY CLUB	LOUESVILLE	IND

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<i>Burial</i>	<i>12-11-63</i>	<i>12/30/63</i>	<i>Mrs. Buford Craden</i>

(Licensed Embalmer's Statement on Reverse Side)

**USE BLACK INK
OR
TYPEWRITER RIBBON**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1963

118E

Received from [illegible] 11/23/63

Statement by Licensed Embalmer
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 Siley

Licensed Embalmer No. 5086

P. O. Address

Submitta 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.