JUN 4 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14560

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City ~~Near~~ Farmington (No. ..... St. ..... Ward)
Registration District No. 773
Primary Registration District No. 6018A
File No. .....
Registered No. 56

2. FULL NAME Emma Behrens
(a) Residence. No. State Hospital No. 4 St., ... Ward. St. Louis, Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 13 yrs. 8 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. H. Behrens

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Commitment Papers
(Address) State Hospital No. 4

15. FILED 4-14, 1928 B J Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to April 13, 1928, that I last saw h..... alive on April 13, 1928, and that death occurred, on the date stated above, at 9 00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Syphilis
3 M
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 38
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Lab.
(Signed) Chas R Behrens, M. D
4-14, 1928 (Address) State Hospital No 4.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Bethlehem Cemetery
DATE OF BURIAL: Apr-15 1928

20. UNDERTAKER: Biederweiden
ADDRESS: St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.