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

Do not use this space.

12508

File No. 3032
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 8B
Township ..... Primary Registration District No. 1003
City St. Louis Mo (No. St Johns Hosp St. ..... Ward)

2. FULL NAME Anna Behr

(a) Residence. No. 2753a Accomac St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-26-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	6	10	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Bernard Behr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Wilhemmina Schrage
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Anton Behr
(Address) 2753a Accomac

15. FILED MAR 10 1929 Ant C Stahlberg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 1920, 1920, to Mar 6, 1929 that I last saw h. alive on Mar 6, 1929, and that death occurred, on the date stated above, at 10.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis Cholelithiasis
92A
126
127B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) many 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? Usual
(Signed) Oliver Muller, M. D
Mar 9 1929 (Address) 1035 Missouri Bldg

*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	DATE OF BURIAL
Calvary Cem.	3-11-1929
20. UNDERTAKER	**ADDRESS**
Peetz Bros 3029	Laf Ave.

26
1
10
10

[illegible]