

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

Do not use this space.

37780

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis (No. Central Hospital)

File No.....
Registered No. 10883
St..... Ward)

2. FULL NAME Infant Von Behren

(a) Residence. No. 4070 Lafayette St., 17 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 16 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 1

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Edward Von Behren

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

12. MAIDEN NAME OF MOTHER Clara Giewald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

14. INFORMANT Edward Von Behren
(Address) 4070 Lafayette

15. FILED NOV 18 1930 W. H. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 17 1930 19

17. I HEREBY CERTIFY, That I attended deceased from 11/16/30, 19... to 11/17/30, 19... that I last saw him alive on 11/17/30, 19... and that death occurred, on the date stated above, at 1.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PREMATURE SIX AND ONE HALF MONTH

CONTRIBUTORY (SECONDARY) 16/17/30

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? PHYSICAL

(Signed) Stephen Lejeune M. D.

11/18/30 19 (Address) 3202 A PARK

*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 Cem DATE OF BURIAL Nov 18 1930

20. UNDERTAKER Thos. H. Beiderwiden ADDRESS 1936 St Louis

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

