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

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

Do not use this space.

37782

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10886

City St Louis (No. 3763 Robert Ave St. ..... Ward)

2. FULL NAME Henry M Behrens

(a) Residence. No. 3763 Robert Ave St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	5	22	

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

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

PARENTS

10. NAME OF FATHER Joachim Behrens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Sophie Schacht

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

14. INFORMANT Elise Behrens
(Address) 3763 Robert Ave

15. FILED NOV 18 1930, 19 Max C Starkey Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1929, to Nov. 15, 1930 that I last saw him alive on Nov. 15, 1930, and that death occurred, on the date stated above, at 7:10 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(Cerebral Hemorrhage—Right)
(duration) ..... yrs. ..... mos. 1/2 ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis
(duration) ..... yrs. ..... mos. 21 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? Physical & Clinical findings

(Signed) W. H. Walters, M. D.
11/17, 1930 (Address) 3608 S Grand Bl

*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
St Trinity Luth Cem	Nov 18 1930
20. UNDERTAKER Theo. H. Beiderwieden	ADDRESS 1936 St Louis