

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

Do not use this space.

**791
1008**

22854
6282

1. PLACE OF DEATH

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

2. FULL NAME

Edward Von Behren
(a) Residence. No. 6119 Grand Ave. Ward. 2
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 24 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 7 9

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

9. BIRTHPLACE (CITY OR TOWN) Strasburg
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Hon. Von Behren

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Arnold Von Behren
(Address) 6119 Grand Ave.

15. FILED May 11 1936
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JUN 3 1936

17. I HEREBY CERTIFY, That I attended deceased from May 17 1936, to June 3 1936, that I last saw him alive on June 2 1936, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Natural regurgitation

Unknown (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) W. H. Scott M. D.

June 3 1936 (Address) 6330 Virginia Ave

*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 Bethelheim DATE OF BURIAL June 6 1936

20. UNDERTAKER Wm. H. Pridemore 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.

RECORDING INK—THIS IS A PERMANENT RECORD

