

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

Do not use this space.

29935

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
 Township \_\_\_\_\_ Primary Registration District No. 1033  
 City St. Louis No. 12215 Taylor St St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8988

**2. FULL NAME**

Charlotte Von Behren  
 (a) Residence, No. 12215 Taylor St., 26 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Von Behren</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 19, 1842</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>8</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Carl Kohring</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Charlotte Luesking</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Chas. G. Von Behren</u> (ADDRESS) <u>3401 Kingsdown</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bethel</u> DATE <u>8/24</u>		
19. UNDERTAKER <u>Thos. W. Deiderwiden</u> (ADDRESS) <u>1936 So. Grand Ave.</u>		
20. FILED <u>22</u> 19 <u>31</u> <u>W. H. C. Starnes</u> Registrar.		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Aug 20, 1931  
 I last saw him alive on Aug 20, 1931. Death is said to have occurred on the date stated above, at 9:35 P.M.  
 The principal cause of death and related causes of importance were as follows:  
107A  
80% Bact. Pneumonia Date of onset 8/16/31  
 Other contributory causes of importance: Arteriosclerosis About 15 years  
fall on floor due to vertigo 107A 8/13/31  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? und. expt. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? injury and fall Date of injury 8/13, 1931.  
 Where did injury occur? in his home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
in home  
 Manner of injury fall backwards  
 Nature of injury fract. right femur, twisted neck

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) William T. Herzog, M. D.  
 (Address) 3100 N. Grand

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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