

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

Do not use this space.

30130

File No. _____
Registered No. **9204**

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1028**
City **St. Louis** (No. **City Hosp**)

9395

2. FULL NAME

Henry Behrke
(a) Residence, No. **2820 of Salina St.** Ward. **Mx.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **59** 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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 26 - 1866**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Teamster**

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) **Germany**

13. NAME **Hy. Behrke**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Anna Paula**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Hospital Superintendent**
(ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New Picker** DATE **Sept 2 1931**

19. UNDERTAKER **J. N. Behrke**
(ADDRESS) **2363D Sprague St**

20. FILED **4116 31 1931** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 31st, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 29th, 1931** to **Aug. 31st, 1931**

I last saw him alive on **Aug. 31st, 1931**. Death is said to have occurred on the date stated above, at **2105th St.**

The principal cause of death and related causes of importance were as follows:

Strangled Femoral Hernia
122A

Other contributory causes of importance

Name of operation **Femoral Herniotomy** Date of **8-29-31**

What test confirmed diagnosis? **None** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____
(Signed) **W. Scherman** _____, M. D.

(Address) **City Hospital**

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.

