

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

Do not use this space.

2265

PLACE OF DEATH

County St. Louis
Township Central
City Overland

Registration District No. 789
Primary Registration District No. 6088B
(No. 2487, Ashland Ave)

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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? 43 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>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Windelin Behrle</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27-1861</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>7</u>	<u>4</u>	<u>21</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House Work</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)	<u>May 1930</u>
	11. Total time (years) spent in this occupation	<u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

FATHER 13. NAME Peter Tarrillion

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Francis Moyne

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs. Borgschulte
(ADDRESS) 2487 Ashland Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo DATE Jan. 21 1932

19. UNDERTAKER Zollner & Young Und.
(ADDRESS) Perryville Mo

20. FILED 1-19-1932 Oella Gray, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1932

22. I HEREBY CERTIFY That I attended deceased from Jan - 26 1932 to Jan - 27 1932
I last saw him alive on Jan - 27 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1928
Other contributory causes of importance:
Hy pertention -

Name of operation none Date of _____
What test confirmed diagnosis? Chem. anal. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Ray A. Wallace, M. D.
(Address) 2438 Woodson Rd
Overland, Mo

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.

FEB 25 1932

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1911

1911

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

2265

1. PLACE OF DEATH

County St. Louis Registration District No. 789 File No.
 Township Primary Registration District No. 6633B Registered No.
 City Overland (No. 2487 Ashland) St. Ward)

2. FULL NAME

(a) Residence, No. Mary Behle St. Berryville Mo. 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>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Wid.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE	YEARS	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY)		
10. NAME OF FATHER		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)		
14. INFORMANT (Address)		
15. FILED <u>1/19</u> , 19 <u>32</u> <u>John Craig M.D.</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1932

17. I HEREBY CERTIFY That I attended deceased from Jan-17-1932 to Jan-18-1932 that I last saw her alive on Jan 18-1932, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
 1928.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) By Torture
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 930
 IF NOT AT PLACE OF DEATH: DATE OF

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) 1/19, 1932 (Address)

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 Berryville Mo. DATE OF BURIAL Jan 21/19 32

20. UNDERTAKER Goelner and Young ADDRESS Berryville Mo.

SUPPLEMENTARY

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

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

