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

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18048

File No.
Registered No. 4248

791
1003

1. PLACE OF DEATH

County
Township
City St. Louis (No. 1416 Bissell St. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME William Behn

(a) Residence, No. 1416 Bissell St., 9 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	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 Ethel L. Behn (Gulledge)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
34	1	13	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Robt. Gaylord Co.

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) St. Louis Mo.

FATHER

13. NAME Henry Behn

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

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa

17. INFORMANT (ADDRESS) Mrs. Ethel L. Behn 1416 Bissell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE May 15, 1933

19. UNDERTAKER (ADDRESS) Math Hermann & Son 4161 Easton Ave.

20. FILED MAY 13 1933 F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933, to May 11, 1933

I last saw h. alive on May 5, 1933. Death is said to have occurred on the date stated above, at 9:15 p.m.

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

	Date of onset
Coronary Thrombosis	
Luetic	

Other contributory causes of importance: Aortic Stenosis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) H. A. Uhlemeyer, M. D.

(Address) 1511 E. Grand Ave.

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.

WHITE PAPER, WITH STRAIGHT WRITING, IS A PERMANENT RECORD