

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

Do not use this space.

37794

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 6033E
(No. St. Louis County Hoop)

File No. _____
Registered No. 165
St. _____ Ward _____

FULL NAME William C Behrens

(a) Residence, No. 7222 Anna Ave St. _____ Ward. Maplewood Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Isabelle Behrens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59		23	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tea Room

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

13. NAME Fred Behrens

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Alma I. Behrens
(ADDRESS) 7222 Anna Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Ill. DATE Nov. 22, 1933

19. UNDERTAKER Croghan Und. Co.
(ADDRESS) 7146 Manchester Ave

20. FILED 11/21, 1933 Robert H. Hubert
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1933, to 11-20, 1933

I last saw him alive on 11-20, 1933 Death is said to have occurred on the date stated above, at 5:05 p.m.

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

Uremia

Date of onset

Other contributory causes of importance:

Myocarditis
Diabetes Mellitus
Hypertension

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) W. G. Gunkemich, M. D.

(Address) St. Louis County Hoop Clayton Ill.

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.

WRITE PLAINLY, WITH OVERTHINKING

