

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

Do not use this space.

38219

1. PLACE OF DEATH

County..... Registration District No. 31
Township..... Primary Registration District No. 1029
City St. Louis Mo (No. Barnes Hospital) St. _____ Ward _____

File No. _____
Registered No. 9858
St. _____ Ward _____

2. FULL NAME Callie Alma Behrens

(a) Residence, No. _____ St. 17 Ward. New Holland Ill.
(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 (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Earl Behrens</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1 - 1911</u> | | | | |
| 7. AGE | YEARS <u>22</u> | MONTHS <u>9</u> | DAYS <u>18</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION <u>22</u> | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <u>✓</u> | | | |
| MOTHER FATHER <u>22</u> | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoblick Ky</u> | | | |
| | 13. NAME <u>Thomas Redigo</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centerville Ky</u> | | | |
| | 15. MAIDEN NAME <u>Callie Redigo</u> | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Knoblick Ky</u> | | | | |
| 17. INFORMANT (ADDRESS) <u>Thomas Redigo New Holland Ill</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Holland Ill</u> DATE <u>Nov-18 1933</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Goff Funeral Home Geneseo Ill</u> | | | | |
| 20. FILED <u>NOV 15 1933</u> <u>J. J. Brebeck</u> Registrar. | | | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1933, to Nov. 14, 1933
I last saw her alive on Nov 14, 1933. Death is said to have occurred on the date stated above, at 10:30 pm.
The principal cause of death and related causes of importance were as follows:
Tumor of brain, non malignant about
and
Respiratory failure
Date of onset May 1932
(18 mos approx)

Other contributory causes of importance:
Respiratory failure

Name of operation Cranotomy Date of 11-14-33
What test confirmed diagnosis? operative 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) F. S. Conner, M. D.
(Address) Barnes Hospital

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

NOV 3 1933

