

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.

EB 27 1934

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

Do not use this space.

2916

1. PLACE OF DEATH

County
Township
City St. Louis (No. Lutheran Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 560 Ward)

2. FULL NAME

(a) Residence, No. 4442 S. Main St., 15 Ward

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>-</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 28 - 1912</u>				
7. AGE	YEARS <u>21</u>	MONTHS <u>8</u>	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hoffman Coat Co.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>St. Louis</u>			
11. Total time (years) spent in this occupation.				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
MOTHER	13. NAME <u>Fred Behring</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
	15. MAIDEN NAME <u>Elizabeth Diehl</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
17. INFORMANT <u>Fred Behring</u> (ADDRESS) <u>4442 S. Main St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Jan 17 1934</u>				
19. UNDERTAKER <u>Wacker, Elderde</u> (ADDRESS) <u>2331 Broadway</u>				
20. FILED <u>Jan 16 1934</u> <u>J. A. Brudick</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1934

22. I HEREBY CERTIFY that I attended deceased from Dec 13 1934 to Dec 15 1934
I last saw him alive on Dec 14 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Streptococcus Brodies pneumonia
Primary Broncho pneumonia
107A
Other contributory causes of importance:
107C

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? No
If so, specify _____
(Signed) W. W. Wagendahl, M. D.
(Address) 473 S. Basin

