

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.

DEC 15 1936

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

Do not use this space.

40689

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1003
City St Louis (No. 130 Red Bud Ave) St. Ward

File No.

Registered No. 106212. FULL NAME Emma Behan

(a) Residence, No. 130 Red Bud Ave St. 9 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Behan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1876

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
58 10 15

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

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo.13. NAME Gerhard Dickmann14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Fredrika Yunkel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT H Shupman (ADDRESS) 630 Red Bud Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Fredens Cem DATE Nov 7 193619. UNDERTAKER Burdwedy Funeral Home (ADDRESS) 1436 St Louis Ave20. FILED NOV -5 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4th 193622. I HEREBY CERTIFY, That I attended deceased from Nov 4th 1936 to Nov 4th 1936I last saw her alive on Nov 3rd 1936 Death is saidto have occurred on the date stated above, at 2:30 m.

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

Chronic Myocarditis Date of onset Nov 1936Other contributory causes of importance NoneName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19...Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify None(Signed) W. F. Bredeck, M. D.(Address) 1436 St Louis Ave, St Louis, Mo.

