

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

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.

JAN 4 1935

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

Do not use this space.

41446

1. PLACE OF DEATH

County..... Registration District No. *8-1*
Township..... Primary Registration District No. *1003*
City *St. Louis* (No. *8532*, *Church Road*) St. _____ Ward) _____

File No. *11434*

Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. *8532 Church Road*, _____ 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widower</i>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anna Behring (Hauskamp)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 31, 1875</i>		
7. AGE	YEARS <i>59</i>	MONTHS <i>0</i>
	DAYS <i>4</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Checker</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Amer. Railway Express Co.</i>	
	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) <i>St. Louis Mo.</i>		
MOTHER	13. NAME <i>Fred Behring</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Mary Vajwig</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT <i>Frank L. Behring</i> (ADDRESS) <i>8532 Church Road</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cathedral Cem. St. Louis</i> DATE <i>Dec. 1, 1934</i>		
19. UNDERTAKER <i>Math. Hermann & Son</i> (ADDRESS) <i>416 E. Oak Park Avenue</i>		
20. FILED <i>1</i> 1934 19. _____ <i>F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 28, 1934*

22. I HEREBY CERTIFY, (That I attended deceased from *Nov. 29, 1934*, to *Nov. 28, 1934*)
I last saw him alive on *November 28, 1934* Death is said to have occurred on the date stated above, at *12:50 P.M.*
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
apoplexy
Hypertension
B. P. (220-115)
Date of onset *11/25/34*

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) *W. H. Chopin*, M. D.
(Address) *8321 W. 10th*

