OCT 23 1935

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

Do not use this space.

File No. 30725
Registered No. 7493

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Mary Ann Behrens

(a) Residence, No. ..... St., N.R. Ward. Hardin Illinois
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1st - 1933

7. AGE: Years 2 | Months 8 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Hardin (STATE OR COUNTRY) Illinois

FATHER

13. NAME Peter Behrens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Anna Hartmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Anna Behrens
(ADDRESS) Hardin Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hardin Ill. DATE 9-6 1935

19. UNDERTAKER Albert H. Hyrse
(ADDRESS) 429 N. Euclid Ave.

20. FILED SEP -5 1935 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935 to Sept 4 1935
I last saw her alive on Sept 4 1935 Death is said to have occurred on the date stated above, at 4 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~July 3 2~~	
Acute diffuse chronic	Sept, 1/35
Bronchopneumonia Non T.B.	
Cause unknown	
Other contributory causes of importance:	
Bronchopneumonia	Aug 1/35 3 days

Name of operation Cremation Date of Aug 10/35
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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) J. P. Correll, M. D.
(Address) Peoples Bldg, Hardin 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 UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33