

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.

SEP 28 1936

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

Do not use this space.

31979

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Bohannon

Primary Registration District No. 3033

City near Bohannon (No. near Louisiana Mo)

St. Louis (Ward)

File No. _____

Registered No. _____

2. FULL NAME Chris Behringer

(a) Residence, No. near Bohannon Mo St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 4 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Jensen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 86 10 9

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. tinners Sabon
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) Sept. 1935
11. Total time (years) spent in this occupation. _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Christian Behringer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Venovia Eber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mr James Bourdas (ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bohannon DATE Aug 10 1936

19. UNDERTAKER J. F. B. Sa (ADDRESS) Louisiana Mo

20. FILED 879 1936 J. O. Kaley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/7/36, 19..... to 8/8/36, 19..... I last saw him alive on 8/7/36, 19..... Death is said to have occurred on the date stated above, at 4:45 A.M.

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

apoplexy
arteriosclerosis
senility

Other contributory causes of importance: _____

Name of operation. _____ Date of _____
What test confirmed diagnosis? clinical 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) A. H. Audrae, M. D.
(Address) Louisiana Mo.

Date of onset 8/8/36
several years
same

