

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township MO
City MO

Registration District No. **791**
Primary Registration District No. **1003**
(No. 5339 Maxfitt)

File No. 21846
Registered No. 5598
St. _____ Ward _____

2. FULL NAME

Ervin Behrens
(a) Residence, No. 5339 Maxfitt St. 6 Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 11 20

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) (STATE OR COUNTRY) St. Louis Mo

13. NAME ERVIN BEHRENS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME THELMA BRUENING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT ERVIN BEHRENS
(ADDRESS) 5339 MAXFITT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 6-7-37

19. UNDERTAKER SULLIVAN
(ADDRESS) 2849 No. Euclid

20. FULL JUN 7 1937 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to June 5 1937
I last saw him alive on June 5 1937. Death is said to have occurred on the date stated above, at 7:40 AM

The principal cause of death and related causes of importance were as follows:
Simple meningitis caused from middle ear infection Non-Epidemic (Date of onset _____)

Other contributory causes of importance: 89a

Name of operation opened eardrum - plate Date of _____
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. Shaw M. D.
(Address) Pasteur Bldg

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.

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