

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.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St Louis**(No. **4737a Palm St**)791
1003

File No.....

21894

Registered No.....

5646

St.....

Ward.....

2. FULL NAME **Christian VonBehren**(a) Residence, No. **4737a Palm St**St., **6**

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Louise Springmeyer VonBehren**

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

Dec 28 1863

7. AGE

73**5****10**If LESS than 1
day,hrs.
ormin.

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

Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hotel Supplies

10. Date deceased last worked at this occupation (month and year)

about 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

St Louis Mo

13. NAME

Henry VonBehren

14. BIRTHPLACE (CITY OR TOWN)

Germany

15. MAIDEN NAME

Wilhelmina Pebers

16. BIRTHPLACE (CITY OR TOWN)

Germany

17. INFORMANT

Louise VonBehren

(ADDRESS)

4737a Palm St

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New Bethlehlem Cem**DATE **June 10 1937**

19. UNDERTAKER

Beidervieden Funeral Home Inc

(ADDRESS)

1936 St Louis Ave

20. FILED

JUN 8 1937**J. Bredeck**
Registrar.

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

June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 30 1934, to **June 8 1937**I last saw him alive on **June 5 1937**. Death is saidto have occurred on the date stated above, at **3:30 A M**

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

**Carcinoma
of Rectum**

Date of onset

**About
3 years
ago.**

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**

specify.....

(Signed) **John A. Eck**

M. D.

(Address) **4701 St Louis Ave**

Every year of information should be carefully supplied. Age should be stated in full. If the cause of death is not clearly stated, the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

