

74 JUL 31 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 Carondelet
City Kirkwood

Registration District No. 785 3037

Primary Registration District No. 6248

File No. 24809

Registered No. 70

St. _____ Ward _____

2. FULL NAME Oliver L. Behrens

(a) Residence, No. R.R. #12 Box 693 St. _____

(Usual place of abode)

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

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 Jessie Behrens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-28-1906

7. AGE

YEARS 31

MONTHS 4

DAYS 5

If LESS than 1 day, _____ hrs. or _____ min.

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER FATHER

13. NAME Charles Behrens

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

15. MAIDEN NAME Matilda G. Verd

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

17. INFORMANT (ADDRESS) Jessie Behrens - R.R. #12 Box 693 -

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill DATE 6-5-1937

19. UNDERTAKER (ADDRESS) Louis H. Hoffmeyer - Kirkwood

20. FILED 6-3-1937

Agnes C. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:30 m.

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

Accidental
Asphyxiation by Gasoline 6/1/37
Summer hotel in R.R. Tank
Car.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of injury 6/2, 1937

Where did injury occur? ADDRESS NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

PUBLIC PLACE - R.R. Switch stand.

Manner of injury INVESTIGATING INTERIOR OF TANK.

Nature of injury Asphyxiation due to Gasoline

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John H. Council, M. D.

(Address) Former St. Louis County.

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.

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