

96 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 (No. Bellevue)

Registration District No. 7853037
Primary Registration District No. 6248

24810

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME

Carl Conrad Behrens

(a) Residence, No. 712 Angentle St., _____ Ward _____
(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 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 Mary Behrens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 - 1901

7. AGE YEARS 36 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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, Mo.

13. NAME Charles F. Behrens

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

15. MAIDEN NAME Martina Ullde

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

17. INFORMANT Mary Behrens (ADDRESS) 712 Angentle

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 6/15/37

19. UNDERTAKER (ADDRESS) Louis H. Gupp
Kirkwood, Mo.

20. FILED 6-3-37 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 9:45 a.m.

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

Accidental
Asphyxiation by Gasoline
founder while on
R.R. tracks Date of onset 6/2/37

Other contributory causes of importance: 178

Name of operation _____ Date of _____

What test confirmed diagnosis Physic's rep. 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? Kirkwood, Mo. (Specify city or town, county, and State)

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

PUBLIC PLACE - ON R.R. Switch track

Manner of injury Injury of injury of train

Nature of injury Asphyxiation on 2 Gasoline

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

If so, specify _____

(Signed) John Howell, M. D.

(Address) Former St. Louis family

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.

