

REC'D JUN 12 1939

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

17152

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1008
 (c) City..... St. Louis Mo. (d) Street No..... City Hosp. # 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ⁶⁵⁰ Christ Beherens

(a) Residence, No. 2629 a Cass Ave. St. 20 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1869.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Spiritualist
 9. Industry or business in which work was done, as 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) Germany. (STATE OR COUNTRY) 613. NAME Unk'n.

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

15. MAIDEN NAME Unk'n.

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

17. INFORMANT Frieda Behrens. (ADDRESS) 2629a Cass Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Macoupin Co. Ill. DATE May 24, 193919. FUNERAL DIRECTOR (NAME) A. H. Hoppe Inc. (ADDRESS) 4700 Washington Ave20. FILED MAY 24 1939

J. B. Beck
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-39

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

I last saw him alive on 6/10, 19____. Death is said to have occurred on the date stated above, at 6:30 m.

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

Uremic Poisoning and
Acidosis
Retention due to
Chronic Intestinal
Deposits
 Date of onset

Other contributory causes of importance:

Name of operation _____ 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? No
 If so, specify _____
 (Signed) W. H. Perry M. D.
 (Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed

Albert W. Waple

Licensed Embalmer No.....

1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.