7 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33594

OCT 20 1939

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1814

1. PLACE OF DEATH: 3

(a) County Saint Louis

(b) City or town Jefferson Barracks,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 8-21-39 (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Saint Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 4810 Wilshusen
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME Elmer H. Behrens 652

3. (b) If veteran, name war World

3. (c) Social Security No. --

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased April 30, 1896 (Month) (Day) (Year)

8. AGE: Years 43 | Months 5 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business - 0

FATHER
12. Name Charles Behrens 0
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Mathilda Velde
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Schaeffer Clinical Clerk,
(b) Address VAF., Jefferson Bks., Mo.

17. (a) ___ (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 19-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Louis H Bogg
(b) Address Kirkwood Mo

19. (a) OCT 17 1939 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature) 767

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1939 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from August 21, 1939, to October 16, 1939
that I last saw him alive on October 16, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pleurisy, acute, suppurative, secondary to Pneumonia, acute.	12 days
Due to	
Due to: Contributary: Bronchopneumonia, right lung.	20 days
Other conditions (Include pregnancy within 3 months of death): Adhesions, with pyloric obstruction, secondary to gastric ulcer.	3 yrs.

1172

Major findings:
Of operations Thorocotomy - 10-11-39
Gastro-enterostomy - 9-12-39
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? C. W. Hughes (b) Means of injury

23. Signature C.W.HUGHES, Officer hief Med. (M. D. or other)
Address VAF., Jeff. Bks., Mo. Date signed 10-16-39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 24 1950

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 92

P. O. Address Kirkwood

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

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