

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 20 1942

Registration District No. _____

Primary Registration District No. 5878 5875A Registrar's No. 6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Brewer Mo. Saline
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 24-3-10 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Brewer 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Zelma Mary Behrle

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Behrle

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Oct. 11 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

24 3 10 _____ hr. _____ min.

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Clem Gibbar

13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bernettie Mattingly

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Behrle

(b) Address Brewer Mo.

17. (a) Burial (b) Date thereof Feb. 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young Sons

(b) Address Perryville Mo.

19. (a) Feb 21-42 (b) O. S. Greener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Feb 20 to Feb 21 1942
that I last saw ER alive on Feb 21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uterine Hemorrhage

Due to Uterine Inertia following childbirth

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 1460

Of autopsy _____

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? _____

While at work _____ (Specify type of place)

(e) Means of injury 0

23. Signature Oscar A Carron (M. D. or other)

Address Perryville Mo Date signed 2-21-42

Duration 1 hr.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4
District File Number 342-388
Date Filed 2-18-42

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 Edward G. Young
Licensed Embalmer No. 21308
P. O. Address Removille mo.

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, fact should be so stated above.