

ED MAY 11 1943  
Registration District No. **304**

Primary Registration District No. **6046**

92  
00

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

1. PLACE OF DEATH:

(a) County **ST CHARLES**  
(b) City or town **RURAL**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**near Defiance**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **St Charles**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **near Defiance**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **9** years

3. (a) PRINT FULL NAME **HENRY BEHRENS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Annie Behrens** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **nov 19 1873**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **4** Days **12**  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Farming**

11. Industry or business \_\_\_\_\_

12. Name **Henry Behrens**

13. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

14. Maiden name **Ant Kern**

15. Birthplace **Germany** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Annie Behrens**

(b) Address **Defiance mo**

17. (a) **Rural** (Burial, cremation, or removal) (b) Date thereof **April 3, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **near Defiance**

18. (a) Signature of funeral director **Benjamin Prandt**

(b) Address **Wrightville mo**

19. (a) **Apr 1 1943** (Date received local registrar) **Benjamin Prandt** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **1st** year **1943** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Apr 1st** 19**42**, to **Apr 1st** 19**43** that I last saw him alive on **Mar 31** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death: **Malignant growth of duodenum and perforation of duodenum**

Other conditions: **Heart disease and hypertension**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **No operation** Of autopsy **No 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? **hanging** (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 \_\_\_\_\_

23. Signature **Benjamin Prandt** (M. D. or other) Address **Foristell mo** Date signed **4-1-43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

---

---

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**