No. 300
10.48

FILED JUL 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22761

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 232

16-1-4

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Gieardeau
c. LENGTH OF STAY (in this place): 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Four Miles South of Cape Gir.

100 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALFERD
b. (Middle): P.
c. (Last): BEHRENS

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1949 Mo

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: November 4, 1868
9. AGE (In years last birthday): 80 — If under 1 year: Months 8, Days 11 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bookkepper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pilot Knob, Mo
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Frederick Behrens
13b. MOTHER'S MAIDEN NAME: Anna A chtermann
14. NAME OF HUSBAND OR WIFE: Barbara Ann Behrens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-16-0976
17. INFORMANT'S SIGNATURE OR NAME: Richard Behrens — **ADDRESS**: Cape Girardeau, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral hemorrhage & left hemiplegia. — 2 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* myocardial damage & partial block — 331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/6, 1949, *to* 7/15, 1949, *that I last saw the deceased alive on* ~~7/14~~ 7/15, 1949, *and that death occurred at* 10 30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Klemme (Degree or title) M.D.
23b. ADDRESS: Cape Girardeau, Mo
23c. DATE SIGNED: 7/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 18, 1949
24c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo

DATE REC'D BY LOCAL REG.: 7-16-49
REGISTRAR'S SIGNATURE: 44 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Walthers Funeral Home — Cape Gir. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-18-49

District Health Officer No. 4

District File Number 24-9-949

Date Filed

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed William Lee Jones

Licensed Embalmer No. 4410

P. O. Address Cope Greenville, S.

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

If this body is not embalmed, fact should be so stated above.