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

Do not use this space.

11314

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3152

City St. Louis (No. 5991a Romain Ave St. ..... Ward)

2. FULL NAME Mary A. Behring

(a) Residence. No. 5991a Romain Ave. St. 6 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William H. Behring

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 2 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	1	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: W. John Alder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Clarissa Chandler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): England

14. INFORMANT: Mrs. C. W. Morris
(Address): 5991a Romain Ave.

15. FILED MAR 20 1928, 19 Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, 19 ..., to March 18, 1928, that I last saw her alive on March 18, 1928, and that death occurred, on the date stated above, at 7.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
51A
Valvular Disease of Heart
(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic Articular Rheumatism
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? NOW

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. N. Tzzzer, M. D.
2/20/1928 (Address) 2500 W. Lodewrate

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peters Cem
DATE OF BURIAL: 3 - 21 1928

20. UNDERTAKER: Geo. L. Pleitsch
ADDRESS: 5966 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] WHAT UNFAVORABLE INKS THIS IS A PERMANENT RECORD

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