

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

Do not use this space.

31655

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo (No. 1848 S. 10th St)

File No. 8380

Registered No. 8380

St. Ward)

2. FULL NAME

Mary Thekla Behrens

(a) Residence. No. St., 23 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14th 1847

7. AGE YEARS <u>81</u>	MONTHS <u>6</u>	DAYS <u>18</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
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8. OCCUPATION OF DECEASED at Home

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Bernard Holthaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Schwabach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Parand Behrens
(Address) 2866 Texas Ave.

15. FILED SEP - 2 1928
REGISTRAR W. C. Marking

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-31, 1928, to 9-2, 1928, that I last saw him alive on 9-2-28, 1928, and that death occurred, on the date stated above, at 130 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
10/10

CONTRIBUTORY (SECONDARY) 10/10
(duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Louis F. Murphy, M. D.
, 19 (Address) 1931 S. 9th St

*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 Peter & Pauls C. DATE OF BURIAL Sept 5th 1928

20. UNDERTAKER J. H. Gebben & U. Co. ADDRESS 2628 Grover

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

