

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**8245**

## 1. PLACE OF DEATH:

(a) County St Louis Mo  
 (b) City or town \_\_\_\_\_  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 5822 E. Calhoun  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 65

## 8. (a) PRINT FULL NAME

Marlene Behrens

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex F5. Color or race W6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 4-25-1938

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

1429

hr.

min.

9. Birthplace St Louis

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name ERVIN BEHRENS13. Birthplace St Louis Mo

(City, town, or county)

(State or foreign country)

14. Maiden name Thelma Breeding15. Birthplace St Louis Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Ervin Behrens(b) Address 5822 E. Calhoun17. (a) Burial(b) Date thereof 9-26-39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem18. (a) Signature of funeral director Fuller and Co(b) Address 2849 No. Euclid19. SEP 25 1939

(b)

(Date received local registry)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1  
 (c) City or town St Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5822 E. Calhoun  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th  
 year 1939 hour 10 minute P M.21. I hereby certify that I attended the deceased from Sept 24  
 \_\_\_\_\_, 1939, to Sept 24, 1939  
 that I last saw her alive on Sept 24, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Spleno-philia

Duration

attached  
1 yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tetany  
 (Include pregnancy within 3 months of death)??

Major findings:

Of operations noneOf autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) L  
 (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? L

While at work? L (Specify type of place) (e) Means of injury \_\_\_\_\_28. Signature B. G. Hammers (M. D. or other MD)  
 Address Creme Coeur Inn Date signed 9/25/39

**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 me  
Henry J. Tuman, Registered Apprentice No. 170  
working under my personal supervision.

Signed A. H. Mayfield  
Licensed Embalmer No. 3077  
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.**