

NOV 13 1939 791

Primary Registration District No. _____

Registrar's No. 8526

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
De Paul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Day
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1516 Destrehan Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Edward John Behrens 652

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) ~~Single, widowed, married,~~ divorced _____

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

7. Birth date of deceased Jan. 20, 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Tax Assessor

11. Industry or business City of St. Louis

12. Name Carl Behrens

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

14. Maiden name Minnie Welp

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

16. (a) Informant's own signature Bertha Luter

(b) Address 1516 Destrehan Street

17. (a) Burial (b) Date thereof 10/6/39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Wm. J. ...

(b) Address 3402 No. Kingshighway

19. (a) OCT 5 1939 (b) J. B. ...
 (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1939 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1
1939, to Oct 3, 1939
 that I last saw him alive on Oct 2, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to _____

Due to _____

Other conditions Ch. Myocarditis
 (Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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? _____ (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 Aloysius A. Hill (M. D. or other) 1

Address 3901 W. Flannery Date signed _____

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.