

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

Do not use this space.

37794

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 790

Township Central

Primary Registration District No. 6033e

City Clayton

(No. St. Louis County Hoop St. \_\_\_\_\_ Ward \_\_\_\_\_)

**FULL NAME** William C Behms

(a) Residence, No. 7222 Anna Ave St. \_\_\_\_\_ Ward. Maplewood Mo.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Isabelle Behms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1874

7. AGE YEARS 59 MONTHS \_\_\_\_\_ DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tea Room  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Fred Behms

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Alma I. Behms  
(ADDRESS) 7222 Anna Av.

18. BURIAL CREMATION, OR REMOVAL PLACE Mt. Olive Ill. DATE Nov. 22, 1933

19. UNDERTAKER Croghan Und. Co.  
(ADDRESS) 7146 Manchester Ave

20. FILED 11/21, 1933 Robert H. Hubert  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1933, to 11-20, 1933

I last saw him alive on 11-20, 1933 Death is said

to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:

Uremia  
Myocarditis  
Diabetes Mellitus  
Hypertension

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 7

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? I  
If so, specify \_\_\_\_\_

(Signed) W. C. Gulkovich, M. D.  
(Address) St. Louis County Hoop Clayton Mo.

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.

WRITE PLAINLY, WITH OUTLINES

11-21-33

100

11-21-33

