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

Do not use this space.

25856

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 791

Township: — Primary Registration District No.: 1003 — File No.:

City: St. Louis (No. O'Fallon Park Tennis Ct. St. Ward) — Registered No.: 7466

2. FULL NAME James Behan

(a) Residence. No. 630 Red Bud St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Deckman Behan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 7-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	12	

8. OCCUPATION OF DEASCED
(a) Trade, profession, or particular kind of work: Keeper of Tennis Courts
(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): Mo

PARENTS

10. NAME OF FATHER: Patrick Behan
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Ellen Cronin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Ireland

14. INFORMANT: Emma Behan
(Address): 630 Red Bud Ave

15. FILED AUG 30 1927 19 Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 19 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at 7-00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Sclerosis
Coronary Thrombosis
(Duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): N.M.G.
(Duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. W. Roth M.D.
Aug 20, 1927 (Address) Deputy Coroner

*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: Friedens Cemetery — DATE OF BURIAL: Aug 22 1927

20. UNDERTAKER: Stroot & Carroll — ADDRESS: 4418 Natural Bridge

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.