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

Do not use this space.

11141

File No. .....

Registered No. 3266

1. PLACE OF DEATH

County ..... Registration District No. 7701

Township ..... Primary Registration District No. 1000

City St Louis Mo (No. 4363 De Soto Ave St. ..... Ward)

2. FULL NAME Alena Johnston Behymer

(a) Residence, No. 4363 De Soto St. 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas J Behymer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor 246

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

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) Oklahoma 2

FATHER

13. NAME John Phillips

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills 1

17. INFORMANT Thos J Behymer
(ADDRESS) 4363 De Soto Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE April 5, 1932

19. UNDERTAKER Cunningham Funeral Co
(ADDRESS) 4234 Maryland Ave

20. FILED APR - 1 1932 Wm C Nancy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1930, to ~~March 22~~, 1932

I last saw he alive on March 22, 1932. Death is said to have occurred on the date stated above, at 6.40 a.m.

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

	Date of onset
Chronic myocarditis	About 1929
Chronic nephritis	"
131	
239/83	

Other contributory causes of importance: (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify .....

(Signed) Lamar Stubblefield, M.D.
(Address) 463 N. Taylor

Not at attended

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 UNFADING INK—THIS IS A PERMANENT RECORD