AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township
City U[illegible] (No. DePaul Hospital Ave., St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No. 25734
Registered No. 6908

2. FULL NAME CHAS. D. BEHYMER
(a) Residence, No. 7379 Pershing Ave., St., N R Ward. University City 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 Emily Y. Behymer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sickles Saddle Co
10. Date deceased last worked at this occupation (month and year) July 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Locust Corner Cin. Ohio

FATHER
13. NAME Eben Behymer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Milwaukee

MOTHER
15. MAIDEN NAME Mary A. Wellman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky.

17. INFORMANT (ADDRESS) Emily Y Behymer 7379 Pershing Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontain Cem DATE July 20, 1937

19. UNDERTAKER (ADDRESS) Alexander Ed Sons 6175 Delmar Blvd.

20. FILED JUL 19 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-16, 1936, to 7-17, 1937
I last saw him alive on 7-17, 1937 Death is said to have occurred on the date stated above, at 4:30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7-3-37

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? as 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) Oliver Abel Jr, M. D.
(Address) Foster Bldg

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.

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Lisler Bldg.