

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791**

34174

Do not use this space.

**1. PLACE OF DEATH**

(a) County ..... 3 Registration District No. .... 1003  
 (b) Township ..... Primary Registration District No. .... Registered No. .... 9160  
 (c) City St Louis Mo. (d) Street No. Enroute City Hospt. No. 1 St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 230 Crockett Best.

(a) Residence, No. 1609 No. 25th St. St. 20 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Nansy Best.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	54	2	15	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as saw mill, bank, etc. .... Laborer  
 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, Charles Ark.

FATHER 13. NAME Unknown.

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Frank Best.  
 (ADDRESS) 1609 No. 25th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 10/22/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Central Und. Co.  
1841 Cass Ave.

20. FILED 307 21 1938 J. F. Bredeck Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No attending physician  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:50 AM  
 The principal cause of death and related causes of importance were as follows:

Oedema of Brain;  
Pacci Meningitis;  
Chronic Myocarditis. Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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 See above  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
 If so, specify Worked Ferry (Signed) W. H. Perry  
Deputy Coroner (Address) .....

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.....

Licensed Embalmer No. 1122

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.**