

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.

DEC 11 1938

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

40846  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 701  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis, Mo. (d) Street No. Deaconess Hospital 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 Monroe Best

(a) Residence, No. 1009 California Ave. St. 23  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Maide Best.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1900  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
38 6 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shear Man  
9. Industry or business in which work was done, as saw mill, bank, etc. American Car & Foundry  
10. Date deceased last worked in this occupation (month and year) ..... Total time (years) spent in this occupation. 20 5 11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

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 (ADDRESS) Mrs Maide Best  
1909 California Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec. 7-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leidners  
1417 N. Market St.

20. FILED J. B. Budick  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4-38 19

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 8 A. m.

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

Fracture of Pelvis, necrosis of bladder, extravasation of urine, Bronchopneumonia, suffered about 10:00 A.M. November 22, 1938, at American Car and Foundry Company, located at Second and St. George, when deceased was crushed between load of steel and machine when load of steel became unbalanced on chain of crane. ACCIDENT.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11-22-1938

Where did injury occur? St. Louis, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

industry

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify.....

(Signed) Joseph M. Lunn M.D.

(Address) Ozark Tower

DEC 7 1938

**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

*John P. Buschholz*  
Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis A.*

**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.**