

DECEASED JAN 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

40977

Do not use this space.

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. 10669  
 (c) City ST. LOUIS (d) Street No. 1318 PENDLETON AVE. 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 DORA BESTERFELDT

- (a) Residence, No. 1318 Pendleton St. 11 (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 FEMALE 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 CLARENCE J. BESTERFELDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 31, 1897

7. AGE YEARS 41 MONTHS 4 DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) MO.13. NAME JAMES CLAYWELL14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.15. MAIDEN NAME MIMA COOK16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEXICO MO.17. INFORMANT (ADDRESS) CLARENCE J. BESTERFELDT  
1318 PENDLETON AVE.18. BURIAL, CREMATION, OR REMOVAL PLACE MEXICO MO. DATE 12-12-3819. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY  
3840 LINCELL BLVD.20. FILED DEC 12 1938 J. D. Bredbeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1938 1922. I HEREBY CERTIFY, That I attended deceased from May 15<sup>th</sup> 1938 to Dec. 11 1938I last saw her alive on Dec 10<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 6 A.M.

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

Carcinoma of the  
right LUNG  
with metastasis

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? X-Ray Was there an autopsy? no23. 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?.....

If so, specify D. Jameson Austin, M. D. (Signed)(Address) 4336 Lindell Blvd

11536

**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: *Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address: *4204 Prairie*

**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.**