

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40193**  
Registrar's No. **10856**

FILED NOV 27 1953

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2237
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospt.</b>			d. STREET ADDRESS (If rural, give location) <b>23 2724a Selena</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle)	c. (Last) <b>Best</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 14 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 7 1905</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Apheuser-Busch Brewery</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Charles Best</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie DUEWELL</b>		14. NAME OF HUSBAND OR WIFE <b>June Green Best</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Dont Know</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>June Best 2724a Selena</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>		
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			DUE TO (b) <b>Bronchogenic carcinoma</b> <b>6 mos</b>		
DUE TO (c)			DUE TO (e)		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>162X</b>		
22. I hereby certify that I attended the deceased from <b>3-9-51</b> , <sup>19</sup> <b>11-14</b> , 1953, that I last saw the deceased alive on <b>11-13</b> , 1953 and that death occurred at <b>7:30 A.M.</b> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Best N. Klein M.D.</b>			23b. ADDRESS <b>7632 S. Kempfleway</b>		23c. DATE SIGNED <b>11-16-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 17 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 16 1953</b> <b>Charles Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bros. 2201 S. Grand Blvd.</b>			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. G. Klein  
2632 S. Kingshighway  
Inglede 7475

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. Morris*.....

Licensed Embalmer No. 3360.....

P. O. Address St Louis, Mo.....

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, fact should be so stated above.