

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32637

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2210

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crestwood
 c. LENGTH OF STAY (In this place) 1 Year
 d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 W. Glendrive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crestwood 4790
 d. STREET ADDRESS (If rural, give location) 1000 W. Glendrive

3. NAME OF DECEASED
 a. (First) William b. (Middle) C. c. (Last) Best Jr.

4. DATE OF DEATH (Month) (Day) (Year)
9-18-1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Aug 3. 1894

9. AGE (In years) (last birthday) 60
 IF UNDER 1 YEAR: (Month) (Day) 1 15
 IF UNDER 24 HRS: (Hour) (Min.) _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Manager

10b. KIND OF BUSINESS OR INDUSTRY
Bell Telephone Co

11. BIRTHPLACE (City and State or Foreign Country) /
Arkansas

12. CITIZEN OF WHAT COUNTRY?
America

13a. FATHER'S NAME
William C. Best

13b. MOTHER'S MAIDEN NAME
Frances V. Wheat

14. NAME OF HUSBAND OR WIFE
Mary Ellen Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
488-07-6039

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mary Ellen Best Crestwood 19 Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage Left.
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Hypertensive cardiovascular disease
 DUE TO (c) etc.
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
8 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
443X

20. AUTOPSY?
 YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954, to Sept 18, 1954, that I last saw the deceased alive on Sept 18, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
W. H. Weber, M.D.

23b. ADDRESS
Weber Groves Mo

23c. DATE SIGNED
9/20/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
9-20-54

24c. NAME OF CEMETERY OR CREMATORY
Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State)
Kirkwood Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
9/20/54 Weber, S. Weber, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Meyer-Pfizinger Kirkwood 22 Mo.

(Licensed Embalmers' Signature on Reverse Side)

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

NOV 4 1953

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 *William H. Fitzgibbon*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood, 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.