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No. 2
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5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20524**
Registrar's No. **5472**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 10 Days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Theodosia Best

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Best 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 22 1959
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Canton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business

12. Name James Merton

13. Birthplace Canton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ridgeway

15. Birthplace Laird County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant David M. Dan Gorman

(b) Address City Hosp morgue

17. (a) Cremation (b) Date thereof 6-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital #1

19. (a) JUN 26 1940 (b) J. F. Bredek
(Date of local death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1412 B Blair ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24, year 1940 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 19 40 to June 24, 19 40 that I last saw her alive on June 24, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to [Signature]
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other) Address 1515 Lafayette 6/24/40

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

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.....

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.