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4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

DEC 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37015

State File No.

Registration District No. 791

Primary Registration District No. 1005

Registrar's No. 9288

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether years, months or days)

In this community 18 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Della Best

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Monroe

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 20, 1869
(Month) (Day) (Year)

8. AGE:

Years <u>71</u>	Months <u>5</u>	Days <u>21</u>	If less than one day hr. <u>min.</u>
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9. Birthplace Oceola, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER

12. Name James Ashby

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

14. Maiden name Lou Parrish

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Doolin

(b) Address 1117 Armstrong

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11/13/40
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director W. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) NOV 12 1940 (b) J. F. [Signature]
(Date received local registrar) (Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1117 Armstrong
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 22 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11,
year 1940 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from November 3, 1940, to November 11, 1940, that I last saw hER alive on November 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Arteriosclerosis
Carcinoma of Rectum

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy Cardiac Hypertrophy
Carcinoma of rectum

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury 1

23. Signature Michael W. Reilly (M.P. or other) 11/12/40

Address 1515 Lafayette Ave., Date signed _____

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.....

Paul A. Keith

Licensed Embalmer No.....

3612

P. O. Address.....

2317 Lafayette

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: