S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40447

Registration District No. FILED NOV 25 1947 3847

Primary Registration District No. 3070

Registrar's No. 2412

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 463 NEWPORT AVE. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 40 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL") 7

(d) Street No. NEWPORT AVE. (If rural, give location) 4

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME DANIEL FREDERICK BESTERFELDT

3. (b) If veteran, name war NO

3. (c) Social Security No. 497-05-8844

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JESSIE H. BESTERFELDT

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPTEMBER 15 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 4 If less than one day — hr. — min.

9. Birthplace ELSAH (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation PRESIDENT

11. Industry or business PROGRESSIVE ELECTRO TYPE, CO.

FATHER
12. Name WILLIAM F BESTERFELDT
13. Birthplace UNKNOWN (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name MARY SCULLY
15. Birthplace ROSEMMON CO. (City, town, or county) IRELAND (State or foreign country) 4

16. (a) Informant JESSIE BESTERFELDT

(b) Address 463 NEWPORT AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-22-1947 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Lund Co

(b) Address WEBSTER GROVES MO

19. (a) 11-22-47 (Date received local registrar) (b) Beula Shay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1947, to Nov 19, 1947 that I last saw him alive on Nov 18-11 PM, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Right Cerebellar Hemorrhage	8 MO
Due to Essential Hypertension	
Due to 8 3	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. L. Hertel (M. D. or other)

Address 3606 Gravois Date signed 11/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Lachede 7890
2 to 4.30 Friday

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.