

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. **11830**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **600**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LADUE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ladue 400/1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 LADUE RIDGE ROAD		d. STREET ADDRESS (If rural, give location) 14 Ladue Ridge Road	
3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) GREEN c. (Last) BEST.			4. DATE OF DEATH (Month) (Day) (Year) March 2, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 16 1876
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY house wife	11. BIRTHPLACE (State or foreign country) Varmeland, Sweden.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jonas Johnson		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Clifford C. 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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Reynold Green - 14 Ladue Ridge Road
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial decompensation ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Diabetes Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-2-1954 , to 3-2-1956 , that I last saw the deceased alive on 3-2-1956 , and that death occurred at 3 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Norman C. Ross M.D.		23b. ADDRESS 1695 Brentwood Brentwood, Mo.	23c. DATE SIGNED 3-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 2/56	24c. NAME OF CEMETERY OR CREMATORY Unk.	24d. LOCATION (City, town, or county) (State) Boston, Massachusetts
DATE REC'D BY LOCAL REG. 3-2-56	REGISTRAR'S SIGNATURE Herbert P. Stombard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Bld.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Arnold W. Schoen

Licensed Embalmer No. *3864*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.