N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County .....

Township ..... Registration District No. 701 File No. 39797

or

Village ..... Primary Registration District No. 1003 Registered No. 11093

or

City St Louis (No. 3006 Lemp ave St.; 10 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME George Best

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: January (Month) 10th (Day) 1854 (Year)

7 AGE: 63 yrs. 10 mos. 10 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Beer Bottler
(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE (City or town, State or foreign country) Germany

PARENTS

10 NAME OF FATHER: Karl Best

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

12 MAIDEN NAME OF MOTHER: Unknown Oberhaus

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louise Best

(Address) 3006 Lemp ave

15 Filed NOV 21 1917 Mark Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 20 (Day) 1917 (Year)

17 I HEREBY CERTIFY, that I attended deceased from October 15, 1917, to November 20, 1917, that I last saw him alive on November 18, 1917, and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Sclerosis of Liver

Prof B

Jr

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Valvular lesion of heart

(Duration) unknown yrs. mos. ds.

(Signed) Chas. F. Kolter M. D.

Nov 20 1917 (Address) 1910 Arsenal St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Mo. Crematory — DATE OF BURIAL: 11-22-17

20 UNDERTAKER: Witt Bros Lt 4. Co — ADDRESS: 2229 So. Jefferson