

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH439
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City or City Saint Louis, / (d) Street No. En route H.G. Phillips Hospital St. Registered No. 439
(e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 620 Clyde Cross

(a) Residence, No. 3121 Caroline Street St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) Willa Cross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
53 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) January 1939 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Macon
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William Cross

14. BIRTHPLACE (CITY OR TOWN) Parkersburg
(STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Ann Marie Dickerson

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Annete Otey
(ADDRESS) 3121 Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 1/16/39, 19...

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED JAN 13 1939

J. B. Beck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO PHYSICIAN IN ATTENDANCE21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said
to have occurred on the date stated above, at.....10:05 A.M.

The principal cause of death and related causes of importance were as follows:

Gun shot wound in left side of head
self inflicted at his home 3121
Caroline Street, on January 12th,
1939, at about 10:05 A.M.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 1/12/39
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury..... See Above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Joseph M. Gurnea
(Address) 1300 Clark Avenue
Deputy Coroner

STATEMENT BY LICENSED EMBALMER

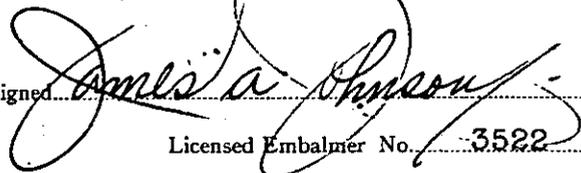
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Av.

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.