

16857

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 4335

JUN 15 1940
Registration District No. 781

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 3973 Finney 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 Life years, months or days

3. (a) PRINT FULL NAME Cornie Cross

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

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

7. Birth date of deceased December 18th, 1917
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name Clyde Cross

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

14. Maiden name Willa Glover

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

16. (a) Informant's own signature Willa Cross

(b) Address 3973 Finney Ave.

17. (a) Burial (b) Date thereof 5/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director Chas. Gates

(b) Address 4107 Finney Ave.

19. (a) MAY 15 1940 (b) _____
(Date received from registrar) (Registrar's signature)

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. 3973 Finney Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 11th day 1940
year _____ hour 4.25 minute _____ p. a. M.

21. I hereby certify that I attended the deceased from January 30th, 1940, to May 11th, 1940
that I last saw her alive on May 11th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis caused by chr. Inflammatory rheumatism Duration 10 Days

Due to rheumatism

Due to 57a

Other conditions Chr. Inflammatory Rheumatism 3 Mos.

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 _____

23. Signature W. C. Emerson (M. D. or other) _____
Address 3870 Easton Ave. Date signed 5/13/40

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.

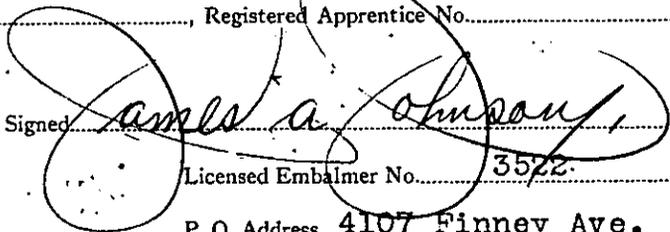
STATEMENT BY LICENSED EMBALMER

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
working under my personal supervision.

....., Registered Apprentice No.

Signed



.....

Licensed Embalmer No. 3572

P. O. Address 4107 Finney Ave.

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.