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11-10-39
5-17-39
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ED AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5813

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days) 38 yrs

8. (a) PRINT FULL NAME Cora Crossley 624

8. (b) If veteran, name war no 8. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 15, 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business 9

MOTHER FATHER { 12. Name Unknownrntd

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

14. Maiden name Unknown

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

16. (a) Informant David Crossley

(b) Address 1406 N. 13th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/40 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcs Cemetery

18. (a) Signature of funeral director C. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUL 10 1940 (Date received local registrar) (b) J. J. Meany

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1406 N. 13th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8, year 1940 hour 10:28 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 3, 1940 to July 8, 1940; that I last saw her alive on July 8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Malignant Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Refluxed uremia, hyperkalemia, hypertrophy of heart

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? _____

(e) Means of injury _____ (Specify type of place) While at work? 844

23. Signature J. J. Meany (M. D. or other)

Address 615 Lafayette Date 7/10/40

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

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 L. R. Casper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.