

FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14913

State File No. _____

Registration District No. 421

Primary Registration District No. 5575A

Registrar's No. 28

1. PLACE OF DEATH:

(a) County JEFFERSON
 (b) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 55 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JEFFERSON
 (c) City or town CRYSTAL CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES W. CROSS.

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

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

7. Birth date of deceased May 25, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 16 If less than one day hr. _____ min. _____

9. Birthplace JEFFERSON COUNTY, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation WATCHMAN

11. Industry or business Pittsburgh Plate Glass Co

12. Name John Cross

13. Birthplace Jefferson County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Patterson

15. Birthplace Russ Town, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Cross

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof April 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Cemetery, Jefferson Co, Mo.

18. (a) Signature of funeral director Country R. Bolter

(b) Address Crystal City, Mo.

19. (a) 4/2/1941 (b) J. E. Rutledge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1941 hour 4 minute _____ A./M.

21. I hereby certify that I attended the deceased from March 28/41 to April 11 1941 that I last saw him alive on April 9th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis and Coronary Heart Disease Duration about 1 year

Due to _____ Date of death April 6, 1941

Due to _____ Other conditions g2H
(Include pregnancy within 5 months of death)

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? 382 (Specify type of place) _____ (e) Means of injury _____

Signature J. E. Rutledge M.D. (M. D. or other) _____
 Address Crystal City, Mo. Date signed 4/12/41

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..... *Jentry R. Polite*
Licensed Embalmer No. *3481*
P. O. Address..... *Crystal City,*

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, fact should be so stated above.