

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26234

FILLED AUG 8 1941 84

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 1505

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County _____
 (b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether)
 In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town 2028 Oakwood Place
(If outside city or town limits, write "RURAL")
St. Louis, Missouri
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ALBERT H. CROSS

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Ann Cross 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased. APR 15 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>3</u>	<u>3</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Railroad Mo-Pac

12. Name William A. Cross

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

14. Maiden name Buthrie

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

16. (a) Informant Mrs. P. P. Hallee

(b) Address 7479 Kingsbury

17. (a) Bureau (b) Date thereof 7-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrington Cem. Pinedale Mo

18. (a) Signature of funeral director Shotton-Bocklage

(b) Address 6536 Clayton Road

19. (a) JUL 19 1941 (b) J. A. Meyer M.D. R.P.H.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th
year 1941 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 20
1941 to July 18th, 1941;
that I last saw him alive on July 8th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis 4 weeks plus
Arteriosclerosis 4 wks +
Chronic Myocarditis 4 wks +
Senility (90 yrs) 4 wks +
 Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 131.8
 Of operations _____
 Of autopsy _____

Duration
 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? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. T. Campbell (M. D. or other) M.D.
Address 112 89 9th St. St. Louis Date signed 7-19-41

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 W. W. Rogers.....

Licensed Embalmer No. 3905.....

P. O. Address Richmond Heights MO.....

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.