

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12521
State File No. 3578

FILED MAY 7 1942 91

Registration District No. Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: People's Hospital
(d) Length of stay: In hospital or institution 4/14/42 - 4/14/42
In this community _____ years, months or days

3. (a) PRINT FULL NAME Wesley Cross
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race N 6. (a) Single, widowed, married, divorced W2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE 35 Years Months 13 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation labour

11. Industry or business _____

12. Name Wheeler Cross

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

14. Maiden name Dorah Sanford

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

16. (a) Informant Georgia Richardson

(b) Address So. Munloch Park Mo.

17. (a) _____ (b) Date thereof 4-22-1942
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Washington Park

(b) Address Washington Park

19. (a) ADD 25 1017 (b) 2921 _____
(Date received local registrar) _____ (Registrar's signature) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1115 So. MONTROSE
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16
year 1942 hour 5 P.M. minute 30 P.M.

21. I hereby certify that I attended the deceased from April 14
1942 to April 16, 1942
that I last saw him alive on Apr. 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction; Hypertension; Pneumonia, bronchial

Due to Disseminated Nerve

Due to 107

Other conditions 107
(Include pregnancy within 3 months of death)
Major findings: Disseminated R.T. Inq. Nerve

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 Carl Herms (M. D. or other) _____
Date signed 4/17/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Burleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address.....

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.