

FILED MAY 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4307

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4243 Beck  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4243 Beck  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Helen Cross

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 7  
year 1943 hour 1 minute 47 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

6. (b) Name of husband or wife E. Loren Cross 6. (c) Age of husband or wife if alive..... years

that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

7. Birth date of deceased May 24, 1913  
(Month) (Day) (Year)

Immediate cause of death Hemorrhage due to gunshot wound of chest, self inflicted at residence of 4243 Beck Ave. May 7<sup>th</sup> 1943 exact time unknown while suffering from temporary mental aberration

8. AGE:	Years	Months	Days	If less than one day
	<u>29</u>	<u>11</u>	<u>13</u>	..... hr. .... min.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations.....  
Of autopsy.....

10. Usual occupation Housewife

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

11. Industry or business.....

12. Name Edward M. Gurney

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

14. Maiden name Hattie Toennies

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

16. (a) Informant E. Loren Cross

(b) Address 4243 Beck

17. (a) Burial (b) Date thereof 5/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAY 10 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 7 1943

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)

While at work? no (a) Means of injury gunshot

23. Signature Albert W. Perry (M. D. or other)

Address..... Date signed 5/10/43

**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.....

*Henry Eynock*

Licensed Embalmer No.....

*1284*

P. O. Address.....

*St Louis 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, fact should be so stated above.**