

FILED JUN 19 1943
Registration District No. **318**

Primary Registration District No. **1003**

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6-8-43 to 6-11-43**
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair** ⁴⁹⁹
Belleville Ill. ^{QNR}

(c) City or town **Belleville Ill.**
(If outside city or town limits, write "RURAL")

(d) Street No. **9460 W. Main Belleville Ill.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **2**

3. (a) PRINT FULL NAME **Fred Cross,**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **357-108184**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased. **Sept 11 1896**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	9	0hr.min.

9. Birthplace **Ava, Illinois,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Coal Truck Driver**

11. Industry or business.....

12. Name **George W. Cross,**

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

14. Maiden name **Cora Jones.**

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

16. (a) Informant **H. Buchanan,**

(b) Address **Isolation Hospital, East St. Louis**

17. (a) (Burial, cremation, or removal) **Ava, Jackson Co., Ill.** (b) Date thereof **June 11, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address **East St. Louis, Ill**

19. (a) **JUN 15 1943** (Date received local registrar) **J. F. Bredak** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **11**
year **1943** hour **7** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **June 8** 19**43** to **June 11** 19**43**
that I last saw him alive on **June 11** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Meningococcus meningitis**

Due to.....
Due to.....

Other conditions **Bronchopneumonia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy **Persistent meningitis
Bronchopneumonia (bilateral)**

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 **V. S. Lanier** (M. D. or other) **0**
Address **4576 Chouteau** Date signed **6/11/43**

MOTHER FATHER

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

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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 William J. Hiram

Licensed Embalmer No. 4319

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.