. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22363

State File No.

ED JUL 10 1943

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1533

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1337 McCutcheon Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Richmond Heights, 9C
(If outside city or town limits, write "RURAL")

(d) Street No. 1337 McCutcheon Ave., 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louise N. Crossman,

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced / Married

6. (b) Name of husband or wife James E. Crossman, Sr.,

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 27, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	4	5	hr. min.

9. Birthplace Arkansas. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name C. L. Sampson,
13. Birthplace Urbana, Ohio. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Connolly
15. Birthplace Little Rock, Arkansas. /
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Crossman Jr.
(b) Address 9027 Eager Rd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. JUL 6 1943 (Date received local registrar) (b) C. G. McGavron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from March, 1943, to July 2nd, 1943;
that I last saw her alive on June 20th, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Ovary	About 1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Rt Ovary
Of autopsy [illegible]

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Arnold G. Klein (M. D. or other) [illegible]
Address 2632 S. Kingshighway Date signed 7-2-43

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.