

FILED APR 22 1944

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis, Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mt. St. Rose Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months
(Specify whether years, months or days)

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife deceased John Phillip 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 1st. 1907
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Natchitoch Parish Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
12. Name Columbus Cross
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Julia Johnston
15. Birthplace Natchitoch Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.H. Aldridge
(b) Address 6104 N. Pointe Ave.

17. (a) Burial (b) Date thereof 4/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mark Thomas
(b) Address 6100 W. Flourissant Ave

19. (a) APR 18 1944 (b) E. D. Mc Gowan, M.D.
(Date received local of Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6104 N. Pointe Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 44 hour 10 minute 05 PM
21. I hereby certify that I attended the deceased from 2-28
1943 to 4-14 1944
that I last saw her alive on 4-14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Th
Duration 2 yrs
Due to _____
Due to _____
Other conditions The Enteric
(Include pregnancy within 3 months of death) 6 yrs

Major findings: _____
Of operations _____
Of autopsy Same 13 1/2

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 John B. Murphy (M. D. or other) M.D.
Address 9124 S. Broadway Date signed 4-16-44

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

MOTHER FATHER

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..... *Albert Mansfield*

Licensed Embalmer No. *3079*

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.