

FILED DEC 6 1947 318
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4417 Page Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Amanda Cross

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Female Color or race Negro

5. Color or race 3- Negro

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife dead

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

7. Birth date of deceased June 8, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1947 hour 3:30 minute 30 M.

21. I hereby certify that I attended the deceased from 11/1/47 to 11/25/47 1947
that I last saw him alive on 11/25/47 and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>17</u>hr.min.

Due to Diabetes mellitus

Due to Blood Sugar 517 mg

Other condition acetone 4+
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy NO

Underline the cause of which death should be charged statistically.

9. Birthplace Clarksville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business home

MOTHER FATHER

12. Name Winston Anderson

13. Birthplace Clarksville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda ?

15. Birthplace Clarksville, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Okabena Cross

(b) Address 4417 Page Blvd.

17. (a) Burial (b) Date thereof 11/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) NOV 30 1947 (b) J. F. Brueck
(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) NO

(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?..... (Specify means of injury)

23. Signature J. F. Brueck (M. D. or other).....
Address 322 N. Jefferson Date signed 11/28/47

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

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 Fulton & Culkin
Licensed Embalmer No. 1198
P. O. Address 13. 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.