No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42934

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11349

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4527a Choteau 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County McCracken 999

(c) City or town Paducah 15
(If outside city or town limits, write "RURAL")

(d) Street No. 720 So. 13th St. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Ada Cross

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife James Cross

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

7. Birth date of deceased March (Month) 31 (Day) 1880 (Year)

8. AGE: Years 67 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Preula Armstrong

13. Birthplace Metropolis (City, town, or county) Illinois (State or foreign country)

14. Maiden name Sarah May

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

16. (a) Informant Ora ~~Lee~~ Miller

(b) Address 4527a Choteau Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-10-47 (Month) (Day) (Year)

(c) Place: burial or cremation Paducah, Ky.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 1 1947 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 15, 1947, to Nov 10, 1947, that I last saw her alive on Oct 26, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? Means of injury

23. Signature J. H. Hoppe (M. D. or other)

Address 2570 S. Kingshighway Date signed 12-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.