FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38008

FILED DEC 14 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10462

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: City Hospt #1
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 077

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 4063a Olive 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 19

If yes, name country

3. (a) PRINT FULL NAME: Walter Cross

3. (b) If veteran, name war: NO

3. (c) Social Security No.:

4. Sex: MALE 1

5. Color or race: WHITE 1

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

6. (b) Name of husband or wife: Muriel Cross

6. (c) Age of husband or wife if alive: 25 years

7. Birth date of deceased: December (Month) 24 (Day) 1910 (Year)

8. AGE: Years 37 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace: ? (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Labor

11. Industry or business

MOTHER FATHER

12. Name: R. W. Cross 1

13. Birthplace: ? (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Carrie Scott 0

15. Birthplace: ? (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Muriel Cross

(b) Address: 4063a Olive St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 3 1948 (Month) (Day) (Year)

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

18. (a) Signature of funeral director: Jos. W. Clark

(b) Address: 1125 Hodiamont Ave

19. (a) DEC 2 1948 (Date received local registrar) (b) J. B. Larson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1948 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw him alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Extra Dural Hemorrhage	
Due to: Sub dural Hemorrhage	
Due to: Cause & manner of Same could not be determined	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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): Open Verdict

(b) Date of occurrence: unknown

(c) Where did injury occur? (City or town) unknown (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) See above

While at work? (e) How did injury occur?

23. Signature: (M. D. or other)

Address: Date signed 12/3/48

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 Anthony Burns, Registered Apprentice No. 102 working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.