

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6081**  
Registrar's No. **1306**

318

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>0</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>929 N. Leonard Ave</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Daisy</b> b. (Middle) _____ c. (Last) <b>Cross</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 18, 1900</b>	9. AGE (In years last birthday) <b>48</b>	10. MONTH <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Brnstadt, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <b>Steve Cruse</b>		13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Cross</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lee Cross</b>	
				ADDRESS <b>929 N. Leonard Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION with Metastasis I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Gastro-Intestinal Tract</b>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <b>None</b> DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from **12-13**, 19**48**, to **2-7**, 19**49**, that I last saw the deceased alive on **2-7**, 19**49**, and that death occurred at **8:30 am.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Charles R. Frazier M. D. U</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>2-8-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 11, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>	

DATE REC'D BY LOCAL REG. <b>FEB 10 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Gaster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Randle &amp; Son</b>	
				ADDRESS <b>3133 Bell Ave</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

2/1

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*S. J. Watson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*2698*

P. O. Address \_\_\_\_\_

*2769 Chouteau*

**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.