

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31691
8289
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		
1. PLACE OF DEATH a. COUNTY **			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		d. STREET ADDRESS (If rural, give location) 3820a Cook Av.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3820a Cook Ave.			d. STREET ADDRESS (If rural, give location) 3820a Cook Av.			
3. NAME OF DECEASED (Type or Print) Mattie		a. (First)	b. (Middle) Cross	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1949	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 13, 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Little Rock, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Josh Payne		13b. MOTHER'S MAIDEN NAME Phoebe (unknown)		14. NAME OF HUSBAND OR WIFE Thomas Cross		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Thomas Cross				ADDRESS 3820a Cook Ave.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 weeks
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 102			
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 8 Sept, 1949 , to 25 Sept, 1949 , that I last saw the deceased alive on 23 Sept, 1949 and that death occurred at 6:45 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE M. A. Murrell MD (Degree or title)			23b. ADDRESS 3524 Franklin Av.		23c. DATE SIGNED 9/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-28-49	24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cem.		24d. LOCATION (City, town, or county) (State) Saint Louis Co. Mo.		
DATE REC'D BY LOCAL REG. SEP 27 1949	REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates ADDRESS 4107 Finney Ave.			

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Thomas J. Carter*

Licensed Embalmer No. *4259*

P. O. Address *4107 7th*

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.