

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24453**
5680

FILED JUL 26 1951

BIRTH NO. **47588-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. L.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN Desloge Hospital		d. STREET ADDRESS (If rural, give location) 2317² Oakview Ter. 17	

3. NAME OF DECEASED (Type or Print) a. (First) Jerome b. (Middle) Walker c. (Last) Cross	4. DATE OF DEATH (Month) (Day) (Year) 6-22-51			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) 0	8. DATE OF BIRTH 6-19-51	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 2 Days 10 IF UNDER 24 HRS. Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. U		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Kimble Walker Cross	13b. MOTHER'S MAIDEN NAME Madelyn Fey Blaich	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. F.W. Cross ADDRESS

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) Acute Pulmonary Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Erythroblastosis Fetalis DUE TO (c) Rh Incompatibility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr 72 hrs.
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19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 770.0

22. I hereby certify that I attended the deceased from **6/19, 1951**, to **6/22, 1951**, that I last saw the deceased alive on **6/21, 1951**, and that death occurred at **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE K. V. Buechner MD (Degree or title)	23b. ADDRESS 453 N. Taylor	23c. DATE SIGNED 6/22/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U	24b. DATE 6/23/51	24c. NAME OF CEMETERY OR CREMATORY Pacific
24d. LOCATION (City, town, or county) (State) Pacific, Mo.		

DATE REC'D BY LOCAL REG. JUN 23 1951	REGISTRAR'S SIGNATURE J. B. Lanster	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral ADDRESS 1905 Union Blvd.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3538

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.