

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31402

State File No.

FILED OCT 10 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8291**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u> 8/20	
c. LENGTH OF STAY (In this place) <u>27 days</u>		d. STREET ADDRESS (If rural, give location) <u>1711 North 26th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>CROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Feb. 9, 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman</u>	11. BIRTHPLACE (State or foreign country) <u>Murphysboro, Illinois</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal R.R.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Cross</u>	13b. MOTHER'S MAIDEN NAME <u>Luiza Crano</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Cross</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>331-22-2915</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. St. Louis, Ill</u>	ADDRESS <u>1711 N. 26th St.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arteriosclerotic Heart Disease with acute failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Many years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>
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22. I hereby certify that I attended the deceased from Aug 27, 1951 to Sept 18, 1951, that I last saw the deceased alive on 9-18, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leland E. Hosto</u>	23b. ADDRESS <u>Mo. Bldg. Bldg.</u>	23c. DATE SIGNED <u>9-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 19 1951</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Parsley</u>	ADDRESS <u>1101 N. 9th St. East St. Louis</u>
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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.....

working under my personal supervision.

not embalmed

Student Embalmer No.....

Signed *John J. Kessly*

Signed.....
Student Embalmer

Licensed Embalmer No. *6855*

P. O. Address *East St. Louis, Ill.*

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.