No. 300
10.48

FILED DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40105

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10596

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 5 WKS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MO. BAPTIST HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 215 W. CEDAR AVE

4597

3. NAME OF DECEASED (Type or Print)
a. (First): C
b. (Middle): C
c. (Last): CROSSMAN

4. DATE OF DEATH (Month) (Day) (Year): NOV 17 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 15-1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): VICE PRES -
10b. KIND OF BUSINESS OR INDUSTRY: SKINNER KENNEDY STA. CO.
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ROBERT CROSSMAN
13b. MOTHER'S MAIDEN NAME: MARY FINIGAN
14. NAME OF HUSBAND OR WIFE: JESSIE CROSSMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Jessie Crossman, 215 W Cedar, Webster Grove — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis, mitral stenosis	18 MONTHS
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Apoplexy, cerebral	3 WEEKS
DUE TO (c)	Cerebral edema	24 hours
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of urinary bladder	18 months

19a. DATE OF OPERATION: 21 Oct 52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder
20. AUTOPSY? YES ☒ NO ☐

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): St. Louis, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 334X

22. *I hereby certify that I attended the deceased from* 4 Oct, 1952, *to* 17 Nov, 1952, *that I last saw the deceased alive on* 17 Nov, 1952, *and that death occurred at* 8:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. H. Burford, M.D.
23b. ADDRESS: 958 Arcade Bldg. St. Louis, Mo
23c. DATE SIGNED: 18 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11/19/52
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemtry
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO. Mo

DATE REC'D BY LOCAL REG.: NOV 18 1952
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H. Bopp Inc — ADDRESS: Kirkwood

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6

Barcade Bldg.

4

RECEIVED
DEC 2 1952
ST. LOUIS COUNTY
HEALTH DEPT.
CLAYTON, MO.

APR 23 1953

Mulford

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 Felix Durand

Licensed Embalmer No. 3834

P. O. Address Kirkwood Mo

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.