

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35530

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2522</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville</u>			c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY OR TOWN <u>Carsonville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>4411 Carson road</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u>			b. (Middle)		c. (Last) <u>CROSS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-55</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>3-12-1887</u>		9. AGE (In years last birthday) <u>68</u>	If under 1 year Months	If under 1 year Days	If under 1 year Hours	If under 1 year Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Mack Link</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Harvey Cross</u>					
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alonzo Cross, Leadington, Mo.</u>				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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 4 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u>				<u>unknown</u>			
				DUE TO (c) <u>Involuntional psychosis</u>				<u>unknown</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>								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) (m.)		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 <u>June 28, 1950</u> , to <u>Oct 28, 1955</u> , that I last saw the deceased alive on <u>Oct 25, 1955</u> , and that death occurred at <u>10 P m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE: <u>Lewis Littmann M.D.</u> (Degree or title)				23b. ADDRESS: <u>8231 Clayton Rd (17)</u>				23c. DATE SIGNED: <u>10/31/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE: <u>10-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Local</u>			24d. LOCATION (City, town, or county) (State): <u>Farmington, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-31-55</u>		REGISTRAR'S SIGNATURE: <u>Herbert R. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE: <u>Cozean, Farmington, Mo.</u>			ADDRESS			

59.

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *William C. Brennan*.....

Licensed Embalmer No. *7*.....

P. O. Address *St. Louis*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.