

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43630

State File No. ....

FILED JAN 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11895

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
<u>4760 ST. LOUIS ave</u>		<u>4760 ST. LOUIS ave</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Sanna</u> b. (Middle) c. (Last) <u>Northcross</u>		(Month) (Day) (Year) <u>Dec 21, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		<u>Widow</u>	<u>Unknown abt 58</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)
<u>1</u>		<u>Housewife</u>	<u>Tenn.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
			<u>USA</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
<u>Unknown</u>		<u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
<u>No</u>		<u>Family 4760 St. Louis MO</u>	
16. SOCIAL SECURITY NO.		18. CAUSE OF DEATH	
		Enter only one cause per line for (a), (b), and (c)	
19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>9 mos.</u>	
ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS	
Morbidity conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.	
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>Essential Hypertension</u>	
DUE TO (c)			
19a. DATE OF OPERATION		20. AUTOPSY?	
19b. MAJOR FINDINGS OF OPERATION		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>420.0</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		<u>420.0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>April 1956</u> , to <u>December, 1956</u> , that I last saw the deceased alive on <u>12-18-</u> , 19 <u>56</u> , and that death occurred at <u>8:50 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William C. Benton Jr.</u>		23b. ADDRESS <u>11 N. Jefferson Ave., Suite #327</u>	
23c. DATE SIGNED <u>12-26-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY	
24b. DATE <u>Dec 27/56</u>		<u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State)		<u>St. Louis</u> <u>MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>DEC 27 1956</u>		<u>F. A. Hear 4214 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

REC 2123042011 3 11 2011 11:14

**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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Selma

Note: This above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.