

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

AMENDED

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY _____		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1518a N. Spring				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Essie Middle _____ Last Cross			4. DATE OF DEATH Month 7 Day 19 Year 61			5. SEX Female		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH 5-28-91		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				
10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and state or country) Lexington, South Carolina				12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Charles Head				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Mark Cross				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Mark Cross 1518a N. Spring Ave.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage due to Hypertension and Arteriosclerosis										INTERVAL BETWEEN ONSET AND DEATH Undet.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 331x												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from 7-15-61 to 7-19-61 and last saw her her live on 7-19-61 Death occurred at 10:55 p. m on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <i>Chas. P. Ford, M.D.</i> (Degree or title) Chas. P. Ford, M.D. ADDRESS 2601 N. Whittier Street								22c. DATE SIGNED 7-20-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 7-25-61		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
24. FUNERAL DIRECTOR ADDRESS Dement & Son 2629-31 Cole Street				25. DATE RECD. BY LOCAL REG. JUL 21 1961				26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>				

DATE AMENDED
 19
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTANT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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