

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6370

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1073
 City St. Louis, (No. 2748a Chippewa Street.) St. Ward

File No.
 Registered No. 1402

2. FULL NAME John F. Cross.

(a) Residence, No. 2748a Chippewa Street, St. 24 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Cross.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1866.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 23.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter. 73
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 2½ yrs
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

MOTHER / FATHER
 13. NAME Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

17. INFORMANT (ADDRESS) Mrs. Helen Cross
2748a Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul Cem DATE Feb. 13, 1931.

19. UNDERTAKER (ADDRESS) H. Eubank Pr & Co.
2642 Meramec Street.

20. FILED 1931 Max C. J. McLean
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931 to Feb 10, 1932
 I last saw him alive on Feb 10, 1931. Death is said to have occurred on the date stated above, at 11:30 A. m.
 The principal cause of death and related causes of importance were as follows:

471
Primary seat in Larynx
and Esophagus
Primary seat in Larynx
 Other contributory causes of importance:
470

Name of operation none Date of
 What test confirmed diagnosis Physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury..... D

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Ray J. Schurter, M. D.
 (Address) 2801 E Chippewa

