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

Do not use this space.

34280

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 784 — File No.

Township St. Ferdinand — Primary Registration District No. 6030 — Registered No.

City So. Kinloch Park (No. ..... St. ..... Ward)

2. FULL NAME Cross Earl

(a) Residence, No. Kinlak m St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ 4 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: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1933

7. AGE — YEARS — MONTHS 4 — DAYS 19 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Kinloch Park Missouri

FATHER

13. NAME Louis Cross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Tenn.

MOTHER

15. MAIDEN NAME Madison,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Louise Cross So. Kinloch, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Oct 24 1933

19. UNDERTAKER (ADDRESS) Primus & Calhoun So Kinloch, Park, Mo

20. FILED 11-4 1933 Emma J Harris Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-16-33, 19..., to 10-21-33, 19...

I last saw him alive on 10-21-33, 19... Death is said to have occurred on the date stated above, at 10 25 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchopneumonia
107A
158

Other contributory causes of importance:
Malnutrition & Dehydration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M E Gutowich, M. D.

(Address) St Louis Co Hosp Clayton Mo.

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.

NOV 10 1933

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