

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Overland (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 789  
Primary Registration District No. 6033 B

File No. 21752  
Registered No. 177

**2. FULL NAME**

Albert G. Cross  
(a) Residence, No. 9528 Hawthorne St., Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 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 Martha G. Cross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 10 29

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) Springfield, Mo.

13. NAME Wm Cross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary Brooks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Martha Cross  
9528 Hawthorne

18. BURIAL, CREMATION, OR REMOVAL PLACE Hesperus Mo. DATE June 24, 1934

19. UNDERTAKER (ADDRESS) Mullen Bros  
425 9th St

20. FILED 6-23-34 19 34 W. B. Baker  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1934

22. I HEREBY CERTIFY that I attended deceased from Aug 11, 1933 to June 21, 1934

I last saw him alive on June 21, 1934 Death is said

to have occurred on the date stated above, at 8:15 p.m.

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

Chronic myocarditis eyes

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Other contributory causes of importance: Arteriosclerosis eyes

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physic's diagnosis 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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) John C. Lane, M. D.  
(Address) Overland Ave

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.

JUN 29 1934

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