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.

Lic # 2560

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

Do not use this space.

32786

1. PLACE OF DEATH SEP 15 1936

County ..... Registration District No. 791 File No. 8663

Township ..... Primary Registration District No. 1003 Registered No. 8663

City St Louis Mo. (No. 2610 Stoddard st St. ..... Ward)

2. FULL NAME Charlie Northcross

(a) Residence, No. 2610 Stoddard st. St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7th, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	4	10	

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. None

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) Trenton Tenn.

FATHER

13. NAME Wyatt Northcross

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

MOTHER

15. MAIDEN NAME Mary Cartwright.

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

17. INFORMANT (ADDRESS) Mary Northcross 2610 Stoddard st.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 8-22-36 19

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 stoddard st.

20. FILED AUG 21 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-36. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1936, to Aug. 17-36, 19

I last saw him alive on Aug. 17 1936 Death is said to have occurred on the date stated above, at 10/30 P.M.

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

Chronic myocarditis

Date of onset ?

Other contributory causes of importance:

Arteriosclerosis

Hypertension

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

What test confirmed 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) F. L. Lovins M. D.

(Address) 930 no Ewing