

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

791  
1008

17394  
Do not use this space.

1. PLACE OF DEATH JUN 12 1939

(a) County \_\_\_\_\_ Registration District No. \_\_\_\_\_

(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. **4928**

(c) City St. Louis, Mo. (d) Street No. City Sanitarium \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred 48 yrs. 8 mos. 22 ds. (f) How long in U.S., \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. PRINT FULL NAME WILLIAM CROSS

(a) Residence, No. 1510 S. 13th St. St. 23 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widower</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Della Vartlein Cross</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 9, 1890</b>				
7. AGE	YEARS <b>48</b>	MONTHS <b>8</b>	DAYS <b>28</b>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Unknown</b>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Missouri</b>			
	13. NAME <b>William Cross</b>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Austria</b>			
	15. MAIDEN NAME <b>Helen Fisher</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Lancaster, Wisc.</b>				
17. INFORMANT (ADDRESS) <b>Walter Moore, M.D. 5400 Arsenal St.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Peter &amp; Paul</b> DATE <b>June 1939</b>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Thornhill's 2906 Brown Dr</b>				
20. FILED <b>MAY 31 1939</b> <b>J. B. Brubaker</b> Local Registrar				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>May 29, 39</b> 19
22. I HEREBY CERTIFY, That I attended deceased from <b>11-29-38</b> 19 to <b>5-29-39</b> 19
I last saw him alive on <b>5-29-39</b> 19. Death is said to have occurred on the date stated above, at <b>11:20 P.M.</b>
The principal cause of death and related causes of importance were as follows: <b>Angina Pectoris (onset) 5-29-39</b>
Other contributory causes of importance: <b>Chronic Degenerative Heart Disease (onset) 11-29-38</b> <b>Ac. Interstitial Hemorrhagic</b>
Name of operation <b>Pancreatitis-5-29-39</b>
What test confirmed diagnosis? _____ Was there an autopsy? <b>YES</b>
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) <b>W. L. Moore, M.D.</b> M. D. (Address) <b>5400 Arsenal St.</b>

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.

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.....

*Thor Lutis*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Thor Lutis*

Licensed Embalmer No.....

*1619*

P. O. Address.....

*2900 Provo*

**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 this body is not embalmed, above space should be left blank.**