

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34077
8774
State File No.
Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Dale E. Crosswhite

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 3-15-40
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— 7 8 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Edward Crosswhite

13. Birthplace Mexico, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Reinecke

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. Crosswhite

(b) Address 4833^e Nebraska

17. (a) Burial (b) Date thereof 10-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cem.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S Grand Blvd

19. (a) OCT 21 1940 (b) [Signature]
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4833^e Nebraska
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23rd
year 1940 hour..... minute 12⁵⁰ a.m.

21. I hereby certify that I attended the deceased from Oct 18th
....., 1940, to Oct 23, 1940;
that I last saw him alive on Oct 22
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 24 Hr

Due to La Grippe

Due to [Signature]

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury [Signature]

23. Signature Arnold E. Klein (M. D. or other) MAP

Address 2632 S. Kinsbury Date signed 10-24-40

Dr. A. H. Haines
NE Cor. Kuybighway + Magnolia
1-3- Thiers.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis Mo.

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, fact should be so stated above.