

FILED APR 8 1942
Registration District No. 291

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home r Phillips Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 8 days (Specify whether
in this community 21 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St. Louis, Kinloch - NR
(If outside city or town limits, write "RURAL")
(d) Street No. 66 McHenry,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Lena Cross (Herdison)

3. (b) If veteran, name war NO 3. (c) Social Security No. ?

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Cross, 6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased May 17th, 1887.
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days xx If less than one day hr. min.

9. Birthplace Kentucky, (City, town, or county) (State or foreign country)

10. Usual occupation Domestic,

11. Industry or business House-work,

MOTHER FATHER { 12. Name Dont Know
13. Birthplace Dont know (City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant John Johnson
(b) Address 66 McHenry, Kinloch, MO.

17. (a) Burial (b) Date thereof Mar 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem'y

18. (a) Signature of funeral director W. J. Greed
(b) Address 2812 Thomas, St. St Louis, MO.

19. (a) 21 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17,
year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 9,
1942 1942 to March 17, 1942

that I last saw her alive on March 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangrene of right foot
Chr. Nephritis
Auricular Fibrillation

Duration

1 year

Due to GI

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations GI

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature M. E. Fowler (M. D. or other)
Address 2601 White Date signed 3/19/42

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.