

FILED APR 8 1942

Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4202 Carter Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Dec 29
1941 to Mar 11 1942
that I last saw him alive on Mar 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver
Duration _____

Due to _____
Due to _____

Other conditions Chronic myocarditis and endocarditis.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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) No
(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 G. H. Kalkreuth (M. D. or other) _____
Address 3121 N. Grand Blvd Date signed 3/11/42

3. (a) PRINT FULL NAME Charles C. Crosson
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Atlanta Knobeloch Crosson 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased February 22 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 19 hr. min.

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

10. Usual occupation Meat Salesman

11. Industry or business _____
12. Name William Crosson
13. Birthplace Knoxville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Samantha Absher
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Atlanta Crosson

(b) Address 4202 Carter Ave.

17. (a) Burial (b) Date thereof 3-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Strook-Carroll

(b) Address 4606 Natural Bridge Ave.

19. (a) MAR 12 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

20
17
9

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: *Sheldon Collier*

Licensed Embalmer No. *3382*

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.