

FILED FEB 1 1944
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County.....
(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:
City 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4531 McPherson
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18
year 1944 hour 3 minute 35 P.M.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Veronica Cross 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 17, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 10 1 hr. min.

Immediate cause of death Fracture Skull Duration
Subdural Hemorrhage of Brain
When he was struck by a
Due to automobile being driven by
one Fred Ernest Ketchum about
Due to 20 feet south of alive on
Newstead Ave about 7:40 PM 1-17-44
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

11. Industry or business Insurance
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence 1-17-44
(c) Where did injury occur? To Road (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work..... (Specify type of place)
Means of injury.....
23. Signature Edith E. Ambruster (M. D. or other)
Address 4234 Manchester Date signed 1/20/44

16. (a) Informant Emil Wittman
(b) Address 4983 Wise
17. (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) JAN 20 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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..... *Thomas Eynck*.....
Licensed Embalmer No..... *1284*.....
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.