No. 2
-12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6144

State File No. 1545

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Home 553 Baden Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 25 Yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sons

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 553 Baden Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CHARLIE CROSS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife SUSIE CROSS

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased NOV. (Month) 25 (Day) 1883 (Year)

8. AGE: Years 63 Months 2 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) MO. (State or foreign country) 0

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name JAMES CROSS 4
13. Birthplace IRLAND (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN WALSH 4
15. Birthplace IRLAND (City, town, or county) (State or foreign country) 1

16. (a) Informant Susie Cross

(b) Address 553 Baden ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 15 1947 (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Diedrich F. Horne

(b) Address 8319 Halls Ferry Rd.

19. (a) FEB 14 1947 (Date received local registrar) (b) J. F. Bradrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1947 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12-12, 1946, to 2-12, 1947 that I last saw him alive on 2-11, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Cardio vascular renal disease	10 yrs
Cardiac decompensation	2 mos
Due to	
Due to	
Other conditions (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)

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Leon Lewenroth (M. D. or other) MD

Address 8212 N Broadway Date signed 2-13-47

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Caldwell

Licensed Embalmer No. 4077

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.