

No. 300  
M-10-47  
v. 5-17-39  
I 3908

FILED NOV 18 1948

Registration District No. **228**

Primary Registration District No. **3029**

Registrar's No. **71**

1. PLACE OF DEATH:  
 (a) County **JEFFERSON**  
 (b) City or town **CRYSTAL CITY, MO.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
**L 1**  
 (d) Length of stay: In hospital or institution **L**  
(Specify whether years, months or days)  
 In this community **24 YEARS**

3: (a) PRINT FULL NAME **ROBERT LEE CROSS**  
 3. (b) If veteran, name war **L**  
 3. (c) Social Security No. **L**

4. Sex **MALE** 5. Color or race **WHITE**  
 6. (a) Single, widowed, married, divorced **SINGLE**  
 6. (b) Name of husband or wife **L**  
 6. (c) Age of husband or wife if alive **L** years  
 7. Birth date of deceased **JULY 9<sup>th</sup> 1924**  
(Month) (Day) (Year)

8. AGE: Years **24** Months **3** Days **14**  
If less than one day hr. min.

9. Birthplace **CRYSTAL CITY, MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SCHOOL BOY**

11. Industry or business **C**

12. Name **JOSEPH CROSS**

13. Birthplace **JEFFERSON COUNTY, MO.**  
(City, town, or county) (State or foreign country)

14. Maiden name **GUSTINE DANZ**

15. Birthplace **LEONDALE, MO.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Joseph Cross**

(b) Address **Crystal City, Mo.**

17. (a) **RACIAL** (b) Date thereof **OCT. 26, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CRYSTAL CITY, MO.**

18. (a) Signature of funeral director **Gentry F. Pollette**

(b) Address **Crystal City, Mo.**

19. (a) **OCT 26 1948** (b) **Dean Ballou**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jefferson**  
 (c) City or town **CRYSTAL CITY**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **304 JEFFERSON**  
(If rural, give location)  
 (e) Citizen of foreign country? **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23<sup>rd</sup>**  
 year **1948** hour **8:10** minute **P.** M.

I hereby certify that I attended the deceased from **Dec 28**, 19**42**, to **Oct 23**, 19**48**  
 that I last saw him alive on **Oct 25**, 19**48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration **2 days**  
**General Paralysis**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations **10**  
 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 **W. W. W. W. W.** (M. D. or other) **10/25/48**  
 Address **Crystal City, Mo.** Date signed \_\_\_\_\_

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File No. 101948  
Date Filed

**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 *Henry C. Politte*

Licensed Embalmer No. 3481

P. O. Address Crystal City, Md

**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.**