

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **38007**  
Registrar's No. **10592**

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 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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Effie Cross

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

4. Sex FEMALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Miles Cross 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased Dec. 12, 1890  
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Holly Grove Ark. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
 12. Name George Bullock  
 13. Birthplace TENN 1  
(City, town, or county) (State or foreign country)  
 14. Maiden name Victoria Fletcher  
 15. Birthplace TENN 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Miles Cross

(b) Address 3312 LA SALLE AVE  
 17. (a) BURIAL (b) Date thereof DEC. 7 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PK

18. (a) Signature of funeral director English UND. CO  
 (b) Address 2931 LUGAN AVE

19. (a) DEC 7 1948 (b) J B Lassater  
(Date received local registrar) (Registrar's signature)

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. 3312 LaSalle  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1948 hour 4 minute X A. M.

21. I hereby certify that I attended the deceased from Nov. 20 1948 to Dec. 3 1948; that I last saw her alive on Dec. 3 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Aortic regurgitation; Chronic Glomerulonephritis; Intestine (Ileum) Carcinoma, -Chronic

Due to \_\_\_\_\_  
 Other conditions LIVER - Carcinoma, Metastatic  
(Include pregnancy within 3 months of death)

Major findings: H6  
 Of operations \_\_\_\_\_  
 Of autopsy Yes

Duration \_\_\_\_\_  
 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 Oscar L. Daniels (M. D. or other) \_\_\_\_\_  
 Address 2601 N Whittier Date signed 12/6/48

*mark*

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**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 *Buelson English*

Licensed Embalmer No. *4208*

P. O. Address. *2931 Lucas, W.C.*

**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.**