

FILED MAY 20 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 17429
4178

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>St. Louis City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>2623 Hickory ST.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALICE</u>		b. (Middle) <u>K</u>		c. (Last) <u>CROSS</u>			
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>8th,</u>		(Year) <u>1949</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, / WIDOWED - DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct. 22 - 1873</u>		9. AGE (In years last birthday) <u>75 yr</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLOTHING OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ANGELICAL CO.</u>		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GEORGE KING</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>William Cross</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William Cross</u>		ADDRESS <u>2623 Hickory</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>940</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H201</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to <u>5/8/49</u> , 19____, that I last saw the deceased alive on <u>5/8/49</u> , 19____, and that death occurred at <u>12:40 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. O. Kasater</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>1515 Lafayette Ave.,</u>		23c. DATE SIGNED <u>5/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>MAY 11 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK LAWN Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo</u>			
DATE REC'D BY LOCAL <u>MAY 10 1949</u>		REGISTRAR'S SIGNATURE <u>J. O. Kasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schum</u>		ADDRESS <u>3125 Lafayette</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Jose B. Vollmer

Signed _____

Student Embalmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.