

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42390

State File No.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10675

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY 899									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEARDSTOWN			11				
d. FULL NAME OF HOSPITAL OR INSTITUTION DEPAUL HOSPITAL				f. STREET ADDRESS (If rural, give location) N.R.									
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD			b. (Middle) J.			c. (Last) CROSS			4. DATE OF DEATH (Month) (Day) (Year) 12/11/49				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3/17/1889		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railroad conductor				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) BEARDSTOWN ILLINOIS			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME HORACE CROSS				13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE AMELIA CROSS						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. # NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS AMELIA CROSS BEARDSTOWN ILLINOIS							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate						INTERVAL BETWEEN ONSET AND DEATH 2					
		ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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) ST. LOUIS ILLINOIS								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1177X									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred of 7:30 P.M. from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) J. B. Lasater					23b. ADDRESS 4952 Weyland			23c. DATE SIGNED 12/12/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/14/49		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY			24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI						
DATE REC'D BY LOCAL DEC 12 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE								

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

70-2850

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.

Student
Student Embalmer

Signed *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *Mois, 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.