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

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38384

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. # 9807

1. PLACE OF DEATH

a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis

c. LENGTH OF STAY (in this place): 8

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 553 Baden Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2089

d. STREET ADDRESS (If rural, give location): 553 Baden Ave.

3. NAME OF DECEASED (Type or Print)

a. (First): Susie

b. (Middle):

c. (Last): Cross

4. DATE OF DEATH (Month) (Day) (Year): Nov 16th, 1950

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jun 19th, 1889

9. AGE (In years last birthday): 61 — 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): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poplar Bluff, Mo.

12. CITIZEN OF WHAT COUNTRY?: U

13a. FATHER'S NAME: Frank Rue

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: Charles Cross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. C. Pfeiffer, 555 Baden Ave.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephrosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerosis — 1yr

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 ☐ NO ☐

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):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 591X

22. *I hereby certify that I attended the deceased from* Oct 14, 1950, *to* Nov 16, 1950, *that I last saw the deceased alive on* Nov 16, 1950, *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert J Sausville D

23b. ADDRESS: 821 N. Broadway

23c. DATE SIGNED: 11/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): buried D

24b. DATE: 11/20/50

24c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 19 ----

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Diedrich F. Home, 8319 Hallsferry

(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 one

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address [illegible]

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

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