S. No. 300
v. 10.48

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2989

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0698

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

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): 5weks,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Festus 0502
d. STREET ADDRESS (If rural, give location): 6st. and South Mill

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): William
c. (Last): Cross

4. DATE OF DEATH (Month) (Day) (Year): 1/17/53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1908
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR Months 11 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Head Layer
10b. KIND OF BUSINESS OR INDUSTRY: P. P. G. Co.
11. BIRTHPLACE (City and State or Foreign Country): De Soto, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elmer Cross Jr.
13b. MOTHER'S MAIDEN NAME: Carrie Cross
14. NAME OF HUSBAND OR WIFE: Mabel 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.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elmer Cross Festus, Mo. — ADDRESS

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): Cerebrosis of liver — INTERVAL BETWEEN ONSET AND DEATH: uncertain

ANTECEDENT 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. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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? 5810

22. *I hereby certify that I attended the deceased from* Dec 13, 1952, *to* Dec 17, 1953, *that I last saw the deceased alive on* Dec 16, 1953, *and that death occurred at* 4:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Paine M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 1/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/20/53
24c. NAME OF CEMETERY OR CREMATORY: Rose Lawn Park
24d. LOCATION (City, town, or county) (State): Crystal City, Mo.

DATE REC'D BY LOCAL REG.: JAN 21 1953
REGISTRAR'S SIGNATURE: J Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Gentry L. Politte
ADDRESS: Crystal City Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 12 1950

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 Gustry R. Pilitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, T.

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.