

**STANDARD CERTIFICATE OF DEATH**

27150

State File No. ....

No. 300  
10-48

**FILED JUL 23 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1885

008

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jennings</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JENNINGS 7-148</u>	
c. LENGTH OF STAY (In this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>5727 Hamilton Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5727 Hamilton Ave.</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Frank M. Cross</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>7 / 6 / 53</u>		
a. (First)		b. (Middle)		c. (Last)	
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	
<b>8. DATE OF BIRTH</b> <u>Sept. 29, 1873</u>		<b>9. AGE</b> (In years last birthday) <u>79</u>		IF UNDER 1 YEAR: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired PATTERN MAKER</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Pattern Making</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cleveland, Ohio.</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>					

<b>13a. FATHER'S NAME</b> <u>Matthias Kriz</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Emma J. Cross 5727 Hamilton</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>UNK</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>EMMA J. CROSS 5727 HAMILTON</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>CORONARY OCCLUSION.</u>						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>UNKNOWN.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						<u>10 YRS.</u>	
		DUE TO (b) <u>ARTERITIC HEART DISEASE.</u>							
		DUE TO (c) <u>SENILITY</u>							
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		_____						_____	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4200</u>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		_____		_____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					

**22. I hereby certify that I attended the deceased from 3/21, 1952, to 10/3, 1952, that I last saw the deceased alive on 10/3, 1952, and that death occurred at 7:52 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Barney W. Daniel MD</u>			<b>23b. ADDRESS</b> <u>6510 W. Florissant Av.</u>			<b>23c. DATE SIGNED</b> <u>JUL 7 1953</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>7-9-53.</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hiram Park Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co. Missouri.</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>7-8-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Dombke MD</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</u>		
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52 (Licensed Embalmer's Statement on Reverse Side)

Will  
11  
30

6510 W. FLORENCE

**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 Walter G. Bernley  
Licensed Embalmer No. 4202  
P. O. Address 6510 W. Florence

**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.