

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

13330

State File No.

318

1003

Registrar's No. 3325

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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>9 days</u>   |  | c. CITY OR TOWN <u>St Louis</u>   |  | d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ST. LOUIS CITY HOSPITAL</u>   |  |   |  | e. STREET ADDRESS (If rural, give location) <u>18 1422 So Vandeventer</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ANCIL</u>  |  | b. (Middle) _____   |  | c. (Last) <u>CROSS</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11, 1954</u>  |  |
| 5. SEX <u>male</u>  |  | 6. COLOR OR RACE <u>white</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>3-29-1912</u>  |  |
| 9. AGE (In years last birthday) <u>42</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bemis Bags</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ark</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>Harry B Cross</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Francis Hutchins</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Louise</u>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____   |  | 16. SOCIAL SECURITY NO. <u>430-05-9005</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Cross 1422 So Vandeventer</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Final cardiac arrhythmia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Directly enlarged rheumatic heart</u><br>DUE TO (c) <u>Rheumatic fever</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>minutes</u><br><br><u>?</u><br><br><u>30 yrs.</u>                                       |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY? YES <input 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>416 X</u>  |  |  |  |
| 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? _____  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>4-6-54</u> , 19 <u>54</u> , to <u>4-11-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-11-54</u> , 19 <u>54</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Edgar Draper M.D.</u>   |  |   |  | 23b. ADDRESS <u>1515 Lafayette Avenue</u>   |  | 23c. DATE SIGNED <u>4-12-54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>4-15-54</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>  |  |
| DATE REC'D BY LOCAL REG. <u>APR 14 1954</u>   |  | REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u>   |  | 25. FORWARDING RECORDS TO: <u>Rowland Aker Mortuary Service</u> ADDRESS <u>4104 Manchester Ave</u>                            |  |  |  |

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..

Student.....  
Signature of Student Embalmer

Signed *Ronald O. Yahn*.....

Licensed Embalmer No. *391*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.