

No. 300  
10. 48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14496

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 969

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>BERKLEY 4098</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NORMANDY OSTEOPATHIC</u>		e. STREET ADDRESS (If rural, give location) <u>4231 MARSHAL ROAD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HARVEL</u> c. (Last) <u>CROSS SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>3-30-1903</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>aircraft spray</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>UNION CITY, TENNESSEE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry J. Cross</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Pride</u>		14. NAME OF HUSBAND OR WIFE <u>BEFANA</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1st World War</u>		16. SOCIAL SECURITY NO. <u>88-03-1436</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James K. Cross Jr.</u> ADDRESS <u>3607 Tabada Dr.</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>myocarditis</u> DUE TO (c) <u>Cardiac Failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4/12/54</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 4-7, 1954 to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954, and that death occurred at 3 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. L. Garner D.O.</u>		23b. ADDRESS <u>917. Airport Rd.</u>		23c. DATE SIGNED <u>4/24/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4/26/54</u>		REGISTRAR'S SIGNATURE <u>Robert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral, 1905 Union Blvd.</u>	
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(Licensed Embalmer - Statement on Reverse Side)

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

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**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 *Albert P. Thompson*.....

Licensed Embalmer No. *423*.....

P. O. Address *St. Joe*.....

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.