

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19076**
Registrar's No. **1330**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Overland	c. LENGTH OF STAY (in this place) 23 yrs	c. CITY OR TOWN Overland 423N	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 9528 Holtwood Avenue		e. STREET ADDRESS (If rural, give location) 9528 Holtwood Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) A. c. (Last) Cross			4. DATE OF DEATH (Month) (Day) (Year) 5 - 30 - 1956		
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5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12 - 9 - 1854	9. AGE (In years last birthday) 101	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Salem, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Bridges		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Albert G. Cross	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edw. Vogelsang, 9528 Holtwood Av			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emmal Thrombosis			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) Smility				
	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 <input type="checkbox"/> NO <input checked="" 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) St. Louis County Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 5/30 1956	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 **1933**, to **5/30**, 19**56**, that I last saw the deceased alive on **5/29**, 19**56**, and that death occurred at **1:30P** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Drennon MD		23b. ADDRESS 1431 E. Pennell St. St. Louis	23c. DATE SIGNED 5/31/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/2/56	24c. NAME OF CEMETERY OR CREMATORY New Methodist Cem.	24d. LOCATION (City, town, or county) (State) Festus, Missouri
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DATE REC'D BY LOCAL REG. 5-31-56	REGISTRAR'S SIGNATURE Herbert R. Dombard MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. John O'Connell
1931 O'Connell Ave.
2 - 4

→ 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 R. Thompson*

Licensed Embalmer No. *42*

P. O. Address *St. Jo*

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.