

APR 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Hospital No. 1**)

File No. **10719**

Registered No. **3293**

St. .... Ward)

B. **18154**

**George Crone**

2. FULL NAME

(a) Residence, No. **1726 South 7th**  
(Usual place of abode)

**26** Ward **23**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/24/37**, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. **I HEREBY CERTIFY**, That I **attended** deceased from **3/22/37** to **3/24/37**, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 8, - 1879**

I last saw **him** live on **3/24/37**, 19. Death is said to have occurred on the date stated above, at **1. P. M.**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**75** **57** **108** **16**

The principal cause of death and related causes of importance were as follows:

Date of onset

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

**Degenerative Heart Disease**  
**Essential Hypertension**

Other contributory causes of importance: **1/20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**New York**

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

MOTHER / FATHER

13. NAME

**William Crone**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**New York**

15. MAIDEN NAME

**Sarah Nixon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Pennsylvania**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT

**Hosp. Info. M.H. Kent**

(ADDRESS)

**City Hospital No. 1**

Manner of injury.....

Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL

**Toronto Canada** DATE **Mar 25 36**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **W. H. Jones**

M. D.

19. UNDERTAKER (ADDRESS)

**Wm. B. Moyall**  
**1936** **Address use**

20. FILED

**MAR 25 1937**

**J. Bredeck**  
Registrar.

(Address)

**City Hospital No. 1**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

W.S.W. 866

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