

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24 1938

OCT 6 1938

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

33344
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Primary Registration District No. 267 Registered No. 1592
(c) City Wellston, Mo. (d) Street No. 6750 Roberts Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Zillah Cronin

(a) Residence, No. 6750 Roberts Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11, 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 6 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Louis Burla

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

15. MAIDEN NAME ? Longworth

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

17. INFORMANT Mrs. William Schroeder
(ADDRESS) 6750 Roberts Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Sept. 26/38

19. FUNERAL DIRECTOR (NAME) Jos. W. Clark
(ADDRESS) 1125 Hodiement Ave.

20. FILED SEP 24 1938 D. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22/38, 19

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1937, to September 22, 1938
I last saw h. or alive on September 22, 1938 Death is said to have occurred on the date stated above, at 9.05 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1937
Senility 1937
Other contributory causes of importance: 93

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P. J. Hengel M. D.
(Address) Hbr. No. 1250

Dr. P.S. Wenzel,
462 N. Taylor Ave.,
Jefferson 2110. Office
Res. WY. 0578.

12.00 P 2.00 PM

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, _____

Guy W. Wilkinson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address

St. Louis, Mo.

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, above space should be left blank.