

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Little Sisters of Poor 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 years  
(Specify whether years, months or days) 60 Years.

3. (a) PRINT FULL NAME Mary Cronin

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 9 12 hr. min.

9. Birthplace Buffalo N.Y.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business 9

12. Name Patrick Cronin

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hickey

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane

(b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 3-12-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 11 1940 (b) J. P. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 N. Florissant Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10th.  
year 1940 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 28, 1940 to March 10, 1940  
that I last saw her alive on March 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Valvular Disease 2 weeks

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Arteriosclerosis; senility  
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis; senility  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Anthony A. Biekowski (M. D. or other) MD

Address 1525 a Cass Ave Date signed 3/11/40

WRITE PLAINLY—USE 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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell St.

**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.**