

No. 2
-13-40
17-39
X2315

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1423

1. PLACE OF DEATH:

(a) County ST. LOUIS = ~~St. Louis~~
(b) City or town ST. LOUIS COUNTY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8724 MAGDALEN I
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO - (b) County St. Louis 96
(c) City or town BRENT WOOD = 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8724 MAGDALEN AV =
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 1ST
year 1941 hour 11 minute 35 A. M.
21. I hereby certify that I attended the deceased from
Jan 2, 1941 to Aug. 1, 1941
that I last saw her alive on Aug 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
metastatic carcinoma
(primary left breast) estimated 2 yrs.
Duration 6 mo

Due to _____
Due to 50
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 3/3/41 Radical breast amputation
scirrhous adenocarcinoma - grade III
Of autopsy No autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature C. H. Bockelman (M. D. or other) Q.M.D.
Address 2615 Brentwood Blvd Date signed 8/2/41

3. (a) PRINT FULL NAME JOSEPHINE CRONIN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEB 23 1884
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace CORK IRELAND -
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name DENNIS CRONIN =

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

14. Maiden name MARY BARRY =

15. Birthplace CORK IRELAND -
(City, town, or county) (State or foreign country)

16. (a) Informant LILLY MOLUMBY =

(b) Address 8724 MAGDALEN AV =

17. (a) BURIAL (b) Date thereof 8/4/41 -
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM =

18. (a) Signature of funeral director M. J. Coogran -

(b) Address 7146 MANCHESTER AV =

19. (a) AUG 2 1941 (b) C. H. Bockelman (Registrar's signature)
(Date received at registrar's office)

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

96
9
1

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.....

Francis W. Williamson

Licensed Embalmer No.

3565

P. O. Address.....

7146 Manchester

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, fact should be so stated above.