S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14613

State File No.

FILED MAY 11 1943

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. I5

50
0
0

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL ROCKTOWNSHIP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1 YEAR 6 MONTHS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON 50 0 0

(c) City or town RURAL (If outside city or town limits, write "RURAL")

(d) Street No. NEAR BARNHART (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME OSCAR CRONACHER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 27 (Day) 1881 (Year)

8. AGE: Years 62 Months 0 Days 26 If less than one day hr. min.

9. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation COMMERCIAL ARTIST

11. Industry or business ARTIST

FATHER
12. Name PHILLIP CRONACHER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY KURTZ
15. Birthplace ILL (City, town, or county) / (State or foreign country)

16. (a) Informant BEN CRONACHER

(b) Address KIMMSWICK MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 17 1943 (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) 4/16/43 (Date received local registrar) (b) C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day I5 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Inquest held 4/I5/43 Jury Verdict

~~Due to~~ Deceased came to his death PROBABLE FROM PAREISES DUE

Due to TO LUES.

Other conditions (Include pregnancy within 3 months of death) 300

Major findings:
Of operations 0

Of autopsy

Duration

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 4/I5/43

(c) Where did injury occur? at home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Clement JP Actg Cor (M. D. or other)

Address Kimmswick Mo 7 Date signed 4/I6/43

1266 (Licensed Embalmer's Statement on Reverse Side)

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 Elmer H Heitgtag

Licensed Embalmer No. 3571

P. O. Address KIMMSWICK 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, fact should be so stated above.