

FILED DEC 3 1943 318

State File No. \_\_\_\_\_  
Registrar's No. 10169

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 24 1/2 hours  
(Specify whether  
In this community \_\_\_\_\_ 13 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3534 Page Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME George John Crone

3. (b) If veteran, name war No 3. (c) Social Security No. 499-01-3461

4. Sex 0 Male race White 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lilly P 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 12, 1975  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 11 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Scotland (City, town, or county) (State or foreign country) 4

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Paul D Crone

(b) Address 3803A Marine Ave. St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem. St. Louis

18. (a) Signature of funeral director J. M. McLaughlin

(b) Address 2301 Lafayette Ave. St. Louis

19. (a) NOV 20 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1943 hour 11:35 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Lobar Pneumonia

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

108

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of 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) (e) Means of injury 3

23. Signature Thomas J. Callahan (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 11-20-43

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

000  
137  
219

MOTHER FATHER

**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..... *L. B. Coover* .....

Licensed Embalmer No. *3633*

P. O. Address..... *2317 Lafayette* .....

**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.**