

FILED DEC 27 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10564

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

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:
5904 Cates Ave.
(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 _____

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

(d) Street No. 3960 Palm St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Crone

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th.,
year 1944 hour 5 minute 50 a.m.

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

6. (b) Name of husband or wife Mary F. Crone 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: April 17th., 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 11, 1943 to December 10, 1944
that I last saw him alive on December 9, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
65 7 23 hr. _____ min.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to Cerebral hemorrhage chronic nephritis 10 min

Due to _____

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Police Sgt.

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John H. Crone

13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Dickson

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary F. Crone

(b) Address 3960 Palm St.

17. (a) Burial (b) Date thereof 12-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Cemetery

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

(b) Address 3840 Lindell Blvd.

19. (a) DEC 11 1944 (b) J. F. Prudek (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) Signature Arthur J. Danelly (M. D. or other) M.D.

Address 2202 University St. Date signed 12/11/44

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12-2

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 La Fayette

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.