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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1946

State File No. 216

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 957

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 21

(c) City or town 3418 Washington 17
(If outside city or town limits, write "RURAL")

(d) Street No. St Louis Mo 0
(If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME MICHAEL CRONIN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife MARY CRONIN

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 8, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	11	19	hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business retired

FATHER
12. Name Eugene Cronin
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie McCowan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph A. Cronin
(b) Address 2747 N. Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/46
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos A. Howard
(b) Address 1619 S Grand

19. (a) JAN 29 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th
year 1946 hour 11:50 minute A M.

21. I hereby certify that I attended the deceased from 1/15/46, 19, to 1/27/46, 19;
that I last saw him alive on 1/27/46, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis, right cerebral artery

Due to Hypertensive arterio-sclerosis

Due to

Other conditions 83
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature K. D. Gregory 1515 Lafayette 1/28/46 (M.D. or other)

Address Date signed

(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 Jos A Howard

Licensed Embalmer No. 3941

P. O. Address 4212 St Louis Av

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.