

FILED AUG 5, 1946
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State File No. 25142

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6293

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: Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Anne C. Cronin

3. (b) If veteran, name war World War II
3. (c) Social Security No. 486-28-1819

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 2, 1913
(Month) (Day) (Year)

8. AGE: Years 22 Months 10 Days 16
If less than one day hr. min.

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

10. Usual occupation Typist

11. Industry or business Hesselberg Drug Company

12. Name William Cronin

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

14. Maiden name Della Rogers
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Cronin

(b) Address 3809 Russell Avenue

17. (a) Burial (b) Date thereof July 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) JUL 20 1946 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

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. 3809 Russell Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1946 hour 12 minute 30 P. 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 Hypostatic pneumonia

Due to Decompensation of the liver

Due to Jaundice with hepatitis

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) (c) Means of injury

23. Signature (M. D. or other)

Date signed 7/19/46

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

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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..... *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address..... *St. Louis, 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.