S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22416

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5865

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: Mo Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Carsonville 0
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Henry F Kronk.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Kronk.

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

7. Birth date of deceased April 10, 1862. (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Osage County, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Farmer. retired.

11. Industry or business

FATHER
12. Name Martin Kronk.
13. Birthplace Dont know. (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Virginia Tucker. 1
(b) Address 6330 Audrey Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-1947. (Month) (Day) (Year)
(c) Place: burial or cremation Portland, Missouri.

18. (a) Signature of funeral director Geo.L.Pleitsch.Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JUN 16 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1947 hour 4.15 A.M. minute M.

21. I hereby certify that I attended the deceased from February 2, 1947, to June 14, 1947, that I last saw him alive on June 13th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	8 hrs
Due to: arteriosclerotic heart disease	?
Due to: Squamous carcinoma of left cheek (buccal mucosa)	14 mo
Other conditions: EXTERNAL (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Carcinoma of left cheek (buccal mucosa)
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? (Specify type of place)
While at work? Means of injury 0

23. Signature J. J. Verda (M. D. or other)
Address Lister Bldg. Date signed 6-14-47

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.