

No. 300
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-17-39
PI 3906

FEDERAL BUREAU OF INVESTIGATION
FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 28 1948

STANDARD CERTIFICATE OF DEATH

State File No. 20777

20777

1003

Registrar's No. 5594

5594

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: De Paul Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Infant Cronk

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased June 19 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
none 5 hr. 0 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name William Cronk

13. Birthplace Northberg New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Mary Reisinger

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

16. (a) Informant John Reisinger

(b) Address 3114 Whittier

17. (a) Burial (b) Date thereof 6 21 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Sullivan

(b) Address 2849 N Euclid

19. JUN 21 1948 J. F. Breacek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3114 Whittier 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 48 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from on
June 19, 1948, to June 19, 1948;
that I last saw him im alive on June 19 48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature 5 hours
Birth (Birth at 26th week
of intra uterine life) Dues
Due to Premature separation of
placenta
Due to Cause unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations _____
Of autopsy no 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 _____

23. Signature R. Sommerhaus (M. D. or other) 0
Address 117 N Grand Date signed 6/21/48

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

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 *Robert L. Benkman*
Licensed Embalmer No. *3953*

P. O. Address.....

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.