No. 300
M—10-47
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I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 3487

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35082

Registrar's No. 2122

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 81 days (Specify whether years, months or days)

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No.: 8906 Madge Ave.,
(If rural, give location)

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

If yes, name country: –

3. (a) PRINT FULL NAME: CRONLEY, James (NMI)

3. (b) If veteran, name war: WW-I

3. (c) Social Security No.: Unknown

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Kathryn Cronley

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: August 10, 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	2	7	hr. min.

9. Birthplace: Streator, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: –

FATHER
12. Name: Daniel Cronley
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Alice Ralph
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar - VZH

(b) Address: Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: C. Hoffmeister Fun. Home

(b) Address: 7814 So. Bdway., St. Louis, Mo.

19. (a) 10-19-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 1948 hour 4:20 minute a. M.

21. I hereby certify that I attended the deceased from July 28, 1948, to October 17, 1948; that I last saw him alive on October 17, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: BRONCHOGENIC CARCINOMA WITH METASTASES — Duration: Unk

CONTRIBUTORY CAUSE: TBC CAVITATION OF LEFT UPPER LOBES — Duration: Unk

Due to: 47C

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

Major findings: Of operations: None

Of autopsy: Autopsy performed (see cause of death)

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): none

(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) Nature of injury

23. Signature: L. E. Stilwell L. E. STILWELL (M. D.)

Address: VAH, Jeff. Brks., Mo. Date signed: 10/18/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1925

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 Louis C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.