

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31689

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7941

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 3809 Russell Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John' Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) D.	c. (Last) Cronin	4. DATE OF DEATH (Month) (Day) (Year) Sept. 12, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>Married</del>	8. DATE OF BIRTH Jan. 6, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 6	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Motorman	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Pub Service	11. BIRTHPLACE (State or foreign country) County Cork, Ireland	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Denis Cronin	13b. MOTHER'S MAIDEN NAME Hanna Jones	14. NAME OF HUSBAND OR WIFE Delia Cronin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 494-01-0490	17. INFORMANT'S SIGNATURE OR NAME Mrs. Delia Cronin	ADDRESS 3809 Russell Blvd.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Staleclain DUE TO (c)		2 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Cardiac, Quin.		10 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4221
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22. I hereby certify that I attended the deceased from Jan 12 1919, to Sept 12, 1949, that I last saw the deceased alive on Sept 12, 1949, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Raymond T. Hunt, M.D.	23b. ADDRESS 5203 Chippewa	23c. DATE SIGNED 9-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 15, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL SEP 14 1949	REGISTRAR'S SIGNATURE J.B. Lasater	5. FUNERAL DIRECTOR'S SIGNATURE M.M. Q. Robert & W. Co.	ADDRESS 1905 So. Grand Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ronald A. Yabuki*

Licensed Embalmer No. *36917*

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.