30721

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7970

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2269
d. STREET ADDRESS (If rural, give location): 3713 NORTH NINTH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): NORMAN
b. (Middle): GLENN
c. (Last): CROSNOE

4. DATE OF DEATH (Month) (Day) (Year): SEPT 10, 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT 8, 1921
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PARK ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY: CITY OF ST. LOUIS
11. BIRTHPLACE (State or foreign country): CAPE GIRARDEAU, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: JOHN CROSNOE
13b. MOTHER'S MAIDEN NAME: AUGUSTA HERTZINGER
14. NAME OF HUSBAND OR WIFE: MARY JANE CROSNOE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 490-14-1303
17. INFORMANT'S SIGNATURE OR NAME: MARY JANE CROSNOE — **ADDRESS**: 3713 N. NINTH ST.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation from aspiration of

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) blood; suffered during epileptic

DUE TO (c) seizure, at home, on Sept.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 8, 1955

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E9220.22
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: See Above

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:05 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 9/1/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 12, 1955
24c. NAME OF CEMETERY OR CREMATORY: ST. PETERS CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.: SEP 12 1955
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: M. Croghan — **ADDRESS**: 831 E. BIG BEND, WEBSTER GROVES 19 MO.

M80 (Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.46

OCT 21 1955

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 O Yohnke

Licensed Embalmer No. 13917

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.