

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

29347

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2512

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, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9100 Riverview Dr.			Length of stay in 1b	d. STREET ADDRESS 4129 Lee Ave.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUTH Middle ANN Last CRONEY				4. DATE OF DEATH Aug. 12-57 Month Day Year				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 4-1941		9. AGE (In years last birthday) 15	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) None			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Lyman Croney				14. MOTHER'S MAIDEN NAME Shannon Akers				
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. NONE		17. INFORMANT Address Lyman Croney 4129 Lee Ave.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Second & Third Degree Burns of Entire Body</i> DUE TO (b) <i>suffered when car operated by</i> <i>and Wilson Hodge about out of</i> DUE TO (c) <i>control turned over and turned</i> <i>in the 9100 Riverview Dr. in St. Louis</i> <i>Drive, about 20:00 am.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I <i>None</i>								
INTERVAL BETWEEN ONSET AND DEATH	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
MEDICAL CERTIFICATION	20. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <i>Accident</i>	20a. DESCRIBE HOW INJURY OCCURRED. (Exact nature of injury in Part I or Part II of Item 18.) <i>August 12th, 1957, in which</i> <i>deceased was a passenger.</i>						
20c. TIME OF INJURY Hour Month, Day, Year a. m. <i>206 8 12 57</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>		STATE <i>Mo.</i>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>4:10</i> A m on the <i>12th</i> day stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE (Degree title) <i>Joseph M. Quinn</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>8/12/57</i>		
23. BURIAL, CREMATION, REMOVAL <i>Removal</i>	23b. DATE <i>Aug. 14-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Ellington Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Ellington, Mo. (Motor)</i>				
24. FUNERAL DIRECTOR <i>Leidner Und. Co. 2223 St. Louis Av.</i>			25. DATE RECD. BY LOCAL REG. <i>AUG 17 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....
Signature of Student Embalmer

Signed.....

Albert Mayfield

Licensed Embalmer No. 30

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.