Dept. Health, Edu., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

10 35 4000

FILED OCT 13 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-033711

STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 28606

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: St Louis — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): De Paul Hospital — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant 4000 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1210 Carmona Dr. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Robert Middle: Emmett Last: Cronin

4. DATE OF DEATH: Month 9 Day 16 Year 59

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☑ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 9-16-59

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 1 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Emmett Raymond Cronin

13b. MOTHER'S MAIDEN NAME: Ina Mae Scott

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT: Ina Cronin Address: 1210 Carmona

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Prematurity — 30 weeks gest. — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Placenta Abruptio

DUE TO (c): — 761.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/16/59, to 9/16/59 and last saw her/him alive on 9/16/59

Death occurred at 2 30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roy V. Boedeker M.D.

22b. ADDRESS: 100 N. Euclid

22c. DATE SIGNED: 9/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept 18,1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair

25. DATE RECD. BY LOCAL REG.: SEP 18 '59

26. REGISTRAR'S SIGNATURE: Earl Smith M.D. M.C.

(Licensed Embalmer's Statement on Reverse Side)

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.

NOT EMBALMED

Math Hermann & Son, Inc.,

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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