

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 16 1959

2 9759 **59-041716**
 STATE FILE NUMBER

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

UNDECEASED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 57 YRS.	c. CITY OR TOWN RICHMOND HEIGHTS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7218 CLAYTON ROAD
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BERNARD Middle D. Last CRONIN	4. DATE OF DEATH Month OCTOBER Day 24 Year 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-6-1902	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PURCHASING DEPT.	10b. KIND OF BUSINESS OR INDUSTRY UNION ELECTRIC CO.	11. BIRTHPLACE (City and state or country) KIRKWOOD MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN CRONIN	13b. MOTHER'S MAIDEN NAME MARGARET HORAN	14. NAME OF HUSBAND OR WIFE HELEN 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. _____	17. INFORMANT Address MRS HELEN CRONIN, 7218 CLAYTON RD
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	COR PULMONALE	1 MONTH
DUE TO (b)	COR POLYMONALE obstructive emphysema	6 yrs.
DUE TO (c)	obstructive emphysema intrinsic asthma	15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus peptic ulcers		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
DIABETES MELLITUS		
PEPTIC ULCERS		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year 12-23-59
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
	Oct. 1959	10-22-59

21. I attended the deceased from **DECEMBER 1953 - Oct. 1959** and last saw him alive on **OCT 22nd 1959**
 Death occurred at **4 PM OCT 23rd** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Margaret Chieffi M.D.	22b. ADDRESS Beaumont Bldg. BEAUMONT BLDG. ST. LOUIS	22c. DATE SIGNED 10-25-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-26-59	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STOCK MORTUARY, 889 S. BRENMORE	25. DATE RECD. BY LOCAL REG. OCT 26 1959	26. REGISTRAR'S SIGNATURE Paul Smith, M.D. S.P.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR CHIEFFE
340 BENOJANT

STATEMENT BY LICENSED EMBALMER

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

Gustav W. Dietz

Licensed Embalmer No. 4329

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

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