URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 24 1960

60-040562
STATE FILE NUMBER

Registration District No. 917 Primary Registration District No. 500 Registrar's No. 2944

AMENDED

1. PLACE OF DEATH a. COUNTY: St Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: StLouis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Creve Coeur — Length of stay in 1b: 20 yrs	c. CITY OR TOWN: Creve Coeur — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Marine Ave — Inside Limits: Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location): Marine Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Alma	Middle	Last: Cronin	4. DATE OF DEATH	Month: Oct	Day: 6	Year: 1960
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH: Nov 26 1905	9. AGE (last birthday): 54	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home			11. BIRTHPLACE (City and state or country): Flat River Mo		12. CITIZEN OF WHAT COUNTRY: USA	
13a. FATHER'S NAME: George Phillips	13b. MOTHER'S MAIDEN NAME: Maggie Lewis			14. NAME OF HUSBAND OR WIFE: Patrick J Cronin			
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: Patrick J Cronin	Address: Creve Coeur Mo		

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): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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

DUE TO (b): Arteriosclerotic Heart Disease

DUE TO (c):

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 May 30, 1957 to 10-6-60 and last saw her alive on 7-25-60

Death occurred at 10:30P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Martin L. Austin MD (Degree or title) — 22b. ADDRESS: 11600 Olive St Road — 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 10/10/60 — 23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery — 23d. LOCATION (City, town, or county) (State): Florissant Mo

24. FUNERAL DIRECTOR: Ortmann F Home — ADDRESS: 9222 Lackland Overland Mo — 25. DATE RECD. BY LOCAL REG.: 10-9-60 — 26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Al C Ostmann

Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.