

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

9517

-61-038431

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9517

FILED OCT 26 1961

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in lb yrs  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4453 McPherson Ave Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY  
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 4453 McPherson Ave Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
GRACE WILLIAMS CRONE  
 4. DATE OF DEATH Month Day Year  
OCT. 14, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 6/29/1872 9. AGE (last birthday) 89 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home  
 10b. KIND OF BUSINESS OR INDUSTRY at home  
 11. BIRTHPLACE (City and state or country) Fairgrove, Missouri  
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Milton Williams 13b. MOTHER'S MAIDEN NAME Mary Hodge  
 14. NAME OF HUSBAND OR WIFE William Edward Crone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or NO) (If yes, give war or dates of service)  
 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. Wesley William Crone; 4453 McPhers- Address On

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 10 yrs.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General Arteriosclerosis 15 yrs.  
 DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Bronchopneumonia  
 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 1954, to Oct 14, 1961 and last saw her alive on Oct 13th 1961  
 Death occurred at 2:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. J. Foy M.D. 22b. ADDRESS 3720 Washington St. St. Louis 8 Mo 22c. DATE SIGNED 10-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 10/16/1961 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS C. R. LUPTON & SONS; 7233 Delmar Blvd. 25. DATE RECD. BY LOCAL REG. OCT 16 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

AMENDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 SHOULD READ  
 NEW NO.

10:30 to 11:30 a.m.  
Sunday.

66 2

**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 Arnold W. Schoe

Licensed Embalmer No. 3864

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.