

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-008489

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1973**

FILED FEB 28 1963

VS-300
Rev. 4/59

1.

2. *2109*

3.

4. *0*

5. *1*

6.

7. *0*

8. *2*

9.

10.

11.

12. *90-0*

13.

90

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 26 years	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3521a Greer Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3521a Greer Avenue
3. NAME OF DECEASED (Type or print) First Harry Middle A Last Cronhardt			4. DATE OF DEATH Month February Day 21 Year 1963
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 12-15-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator (retired)		10b. KIND OF BUSINESS OR INDUSTRY Sporting News	11. BIRTHPLACE (City and state or country) Nevada, Missouri
13a. FATHER'S NAME Frederick Cronhardt		13b. MOTHER'S MAIDEN NAME Frances Aplin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of)		17. INFORMANT Address Mrs. Lou Cronhardt, 3521a Greer Avenue	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Hypertensive Cardiovascular disease DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Cerebral vascular accident - right hemisphere - 1958			INTERVAL BETWEEN ONSET AND DEATH 3 hours 9 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 0 Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from September 1953 to Feb 21, 1963 and last saw him alive on Jan 31, 1963 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles G. M. Eden, M.D.		22b. ADDRESS 7121 N. Grand	22c. DATE SIGNED Feb 22 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
23d. LOCATION (City, town, or county) Belleville, Illinois		25. DATE RECD. BY LOCAL REG. FEB 23 1963	
26. REGISTRAR'S SIGNATURE Mad Smith, M.D.		26. REGISTRAR'S SIGNATURE	

Funeral Director's Address
Math Herman & Son, Inc., 2161 E. Fair Avenue, St. Louis, Missouri

STATEMENT BY LICENSED EMBALMER

0-01

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

W. G. B. Bunnley

Licensed Embalmer No. 4282

P. O. Address H. H. Houshka

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.