MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 26984

Township ..... Primary Registration District No. ..... Registered No. 7218

City St. Louis (No. 4166 Lindell Blvd St. ..... Ward)

2. FULL NAME Julia M Cronin

(a) Residence, No. 1108 S. Boyle Ave St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXX.XXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th. 1863

7. AGE: 71 yrs — YEARS — MONTHS: 1 mo — DAYS: 27da — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

FATHER

13. NAME James M Cronin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Ellen Enright
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs May C Conway
(ADDRESS) 4166 Lindell Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE July 23rd. 34

19. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd

20. FILED 1 22 19 Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21st. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933, to July 21, 1934
I last saw her alive on July 21, 1934 Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
131	
132	

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) D A Thomson, M. D.
(Address) 3121 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 16 1934