

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10700

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Marys Institute
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits write "RURAL")
(d) Street No. 4222 W. Fenney
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Idea Croons

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race Cauc 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Croons 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 22 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days _____ If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Riley Croons

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Joan Croons

(b) Address 4222 W. J

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. St. Harrison

(b) Address 2906 Kanter

19. (a) DEC 27 1940 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-10-40
to 12-26-40, 1940
that I last saw her alive on 12-26- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Electric Heart
Due to Disease
Due to Decompensation

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None
Of autopsy marked hypertrophy & dilatation of heart

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature Leo J. Davis (M. D. or other) M.D.
Address 1536 paper st Date signed 12-26-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision *Myself*

City License
#145

Signed *Glenn C. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *St. Louis Mo*

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 this body is not embalmed, above space should be left blank.