

FILED FEB 9 1943 815
Registration District No. _____

Primary Registration District No. 1003

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

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. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 DAY
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... MO. (b) County.....
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6320 DEVONSHIRE AVE.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GEORGE J. CRONIN
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN. day 31 year 1943 hour 11 minute 35 P. M.
21. I hereby certify that I attended the deceased from 1-29-43 to 1-31-43, 1943 that I last saw him alive on 1-31-43 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VERONICA CRONIN 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased NOV. 24 1908
(Month) (Day) (Year)

Immediate cause of death Lympho sarcoma Mediastinal
Duration 1 yr.
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	34	2	7	hr. min.

Major findings:
Of operations none
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)
10. Usual occupation SECY. TREASURER # 495
11. Industry or business CHAUFFEURS LOCAL UNION

12. Name TIMOTHY CRONIN
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
14. Maiden name WINIFRED ROGERS
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. VERONICA CRONIN
(b) Address 6320 DEVONSHIRE AVE.

17. (a) BURIAL (b) Date thereof 2-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
FEB 2 1943 J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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 J. F. Brodeur (M. D. or other) M. D.
Address 634 N. Grand Date signed 2/1/43

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.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lincoln

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, fact should be so stated above.