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22918

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 26 1944

818

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

6115
100
17
9
12

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Little Sisters of The Poor, 3400 So. Grand Blvd.
(If not a hospital or institution, give street number and location)
(d) Length of stay: In hospital or institution 9 yrs.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Cronin
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 19th
year 1944 hour 12 minute 15P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13, 1953
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1944 to July 29, 1944
that I last saw her alive on July 19, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death _____ Duration _____

8. AGE: 91 Years Months 0 Days 6
90 11 6
If less than one day
hr. _____ min. _____

Due to Cancer of stomach 6 mo
Secondary leukemia 6 mo
Due to _____

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: none H/O
Of operations _____
Of autopsy none

11. Industry or business _____
12. Name Patrick Cronin
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hickey
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Sister Bernadette
(b) Address 3400 So. Grand Blvd.
17. (a) Burial (b) Date thereof 7/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation SS. Peter & Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) JUL 20 1944 (b) J. F. Bredel
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature W. H. ... (M. D. or other) W. H.
Address 3318 88 Grand Date signed 7-20-44

OCT 1 1945

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.....me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joe S. Benz
Licensed Embalmer No.....4249

P. O. Address.....2842 Meramec St.
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, fact should be so stated above.