

S. No. 2
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-5-17-39
I X47070

State File No. 34712
Registrar's No. 3021

FILED SEP 21 1946

Registration District No. 27 Primary Registration District No. 3064

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
816 N. Florissant Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 3 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 816 N. Florissant Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora Cronin

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Patrick J. Cronin

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June 4 1980
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>6</u>	hr. min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER

12. Name John J. Scannell

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

14. Maiden name Ellen Dean

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

16. (a) Informant Mrs. Nellie White

(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof 10/12/46.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri.

19. (a) 10-14-46 (b) Ruth Gallen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1946 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from 10 October 1946 to 10 Oct. 1946
that I last saw her alive on 10 October 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with myocardial infarction

Due to Arteriosclerotic coronary disease

Other conditions 940
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature Joseph A. Judy (M. D. or other) MD
Address 908 Belmont Ferguson Date signed 10/11/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

FEB 17 1947

DEC 9 1949

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 *A. M. Shute*

Licensed Embalmer No. 3973

P. O. Address *Jerguson, 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.