

S. No. 2
1-12-45
5-17-39
I X47070

350263502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **8424**

FILED OCT 31 1946
Registration District No. _____

Primary Registration District No. **1003**

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: **Missouri Pacific Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Arkansas** (b) County _____ **997**
(c) City or town **Little Rock**
(If outside city or town limits, write "RURAL") **NR 3**
(d) Street No. **2405 Battery St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME **Chester Coleman Crone, Sr.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **702-16-4304**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Audrey Crone** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **June 3rd, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 **3** **28** hr. _____ min.

9. Birthplace **Lonoke County Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Boiler Inspector**

11. Industry or business **Missouri Pacific Railroad**

12. Name **Virgil Crone**

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

14. Maiden name **Dolly Dill**

15. Birthplace **Hernando Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Audrey Crone**

(b) Address **Little Rock Arkansas**

17. (a) **Removal** (b) Date thereof **10/1/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Rock Arkansas**

18. (a) Signature of funeral director **Robert J. Ambruster Inc.**

(b) Address **6633 Clayton Road**

19. (a) **OCT 1 1946** (b) **J. F. Medeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **1**, year **1946** hour **5** minute **15** M.

21. I hereby certify that I attended the deceased from **Sept 26** 19 **46**, to **October 1**, 19 **46**, that I last saw him alive on **Sept 30**, 19 **46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis** Duration **1 year**

Due to **arterio sclerotic Heart Disease** **1 year**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **9/2**

Major findings: Of operations _____

Of autopsy _____

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 **Robert J. Ambruster** (M. D. or other) _____

Address **R. L. Lavin, Mo** Date signed **10/1/46**

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

38843

MAY 6 1947

OCT 10 1946

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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, fact should be so stated above.