

FILED JAN 7 1947
Registration District No. 318

Primary Registration District No.

State File No. 10577
Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4045 Utah St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4045 Utah St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Cronin

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

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

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

7. Birth date of deceased May 10 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Horseshoer (Retired)

11. Industry or business St. Louis Transfer Co.

12. Name Philip Cronin

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kain

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Michael Cronin

(b) Address 5759 Pernod Ave.

17. (a) Burial (b) Date thereof 12 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser, Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 10 1946 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1946 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 15 1946
to Dec 8 1946
that I last saw h. i. m. alive on Dec 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Atherosclerosis
Chronic asthma
Due to Ch. prostatitis + hypertrophy
generalized arteriosclerosis

Other conditions: (include pregnancy within 3 months of death) 1/3/47

Major findings: Of operations

Of autopsy

Duration years

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 Thomas A. Pouter (M. D. or other) 3/1
Address 4922 Hampton Date signed 12/9/46

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

42284

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.....

Edwin M. Bennett

Licensed Embalmer No..... *3024*

P. O. Address.....

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.