V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

25429

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6531

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

1. PLACE OF DEATH:
(a) County
(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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Hrs. (Specify whether years, months or days)
In this community Life

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. 2743 Caroline Str.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MABEL EGAN-CRONIN
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Tom Egan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 9th (Day) 1899 (Year)

8. AGE: Years 57 ~~58~~ | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Check Attendant
11. Industry or business Rose Bowl Resturant.

FATHER
12. Name John Cronin
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Green
15. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)

16. (a) Informant Mrs Mamie Siebert
(b) Address 4349 Miami St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway
19. (a) JUL 11 1947 (Date received local registrar) (b) J. F. Bradecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 (C.S.T.) year 1947 hour 6 minute 25 P. M.
21. I hereby certify that I attended the deceased from 7-7- 19 47, to 7-7 19 47 that I last saw h. alive on 7-7 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis (anterior)	3 days
Due to anteroseptal infarcts	indefinite
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause of 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 E. Fox (M. D. or other)
Address 1325 S. Grand Blvd Date signed 7/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6531

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 A. McDermott

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.