

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42127**  
Registrar's No. **10897**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

#116937

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>		c. CITY OR TOWN <b>St. Louis</b> <b>2259</b>	
		d. STREET ADDRESS (If rural, give location) <b>221 S. Broadway</b>	
3. NAME OF DECEASED (Type or Print) <b>JERRY CRONIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 18th, 1950</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>March-7-1893</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Newspaper Printer</b>	11. BIRTHPLACE (State or foreign country) <b>New Jersey</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Frank</b>		14. NAME OF HUSBAND OR WIFE	
13b. MOTHER'S MAIDEN NAME <b>Frank</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Ruppel</b> ADDRESS <b>2331 Muller</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia.</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pyelonephritis, acute obstruction at site of uretersignoidscopy</b> DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Car</b>	

22. I hereby certify that I attended the deceased from 11/22/50 to 12/18/50, 1950, that I last saw the deceased alive on 12/18/50, 1950, and that death occurred at 1:00 PM m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Ferry, M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>12/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>C</b>		24b. DATE <b>Dec 21-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	
		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cullen &amp; Kelly, 438 1/2 Lindell</b> ADDRESS <b>132</b>	
DATE REC'D BY LOCAL REG. <b>DEC 21 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Insator</b>			

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

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**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

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.**