

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6913

State File No.

FILED MAR 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>6076</u>	Registrar's No. <u>106</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN</u> <u>St. Louis</u> <u>2129</u>		
c. LENGTH OF STAY (In this place) <u>3-days</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 66 # 12 Lenox Place</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blue Bonnet Court, 10100 U.S.H.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pitman</u>		b. (Middle) _____		c. (Last) <u>Cronk</u>
4. DATE OF DEATH <u>Jan. 14, 1952</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>M.</u>	8. DATE OF BIRTH <u>June 21, 1910</u>	9. AGE (In years) <u>41</u> If under 1 year: Months <u>6</u> Days <u>23</u> If under 24 hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. Foreman, Scullin Steel Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>William Cronk</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Keeler</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Margaret Cronk</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War # 2</u>		16. SOCIAL SECURITY NO. <u>488-05-6747</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Margaret Cronk</u> ADDRESS <u>6127 Waterman Ave.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning and 1st and 2nd degree burns, suffered when and 2nd degree burns, suffered when</u> ANTECEDENT CAUSES <u>the interior of cabin at Blue Bonnet Auto Court he was occupying</u> DUE TO (b) <u>caught fire in an unknown manner.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Open</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tourist cabin</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Rural</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo.</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1/14/52 6:45A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Cabin caught fire in an unknown manner</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Ernest J. Williamson</u> (Degree or title) <u>3. Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>1/15/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 15, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-15-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>840 Lindell Blvd.</u>

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

200
3

SC

(Licensed Embalmer's Statement on Reverse Side)

1218

STATEMENT BY LICENSED EMBALMER

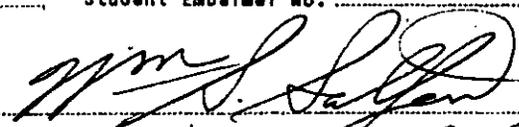
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

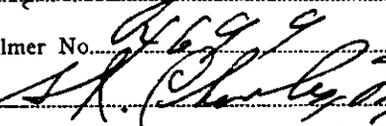
Student
Student Embalmer

Signed.....



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.