

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3937

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 205

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission)			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Richmond Heights</b>		c. CITY OR TOWN <b>Robertson 4000</b>		d. STREET ADDRESS <b>R.R. 1 Box 145</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Robertson 4000</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in 1b <b>4 Days</b>		d. STREET ADDRESS <b>R.R. 1 Box 145</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First <b>Lucille</b>		Middle <b>B.</b>		Last <b>Cronin</b>		Month <b>1</b> - Day <b>21</b> - Year <b>58</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>10/29/04</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafeteria</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Cafeteria</b>		10. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>George Youngin</b>				14. MOTHER'S MAIDEN NAME <b>Mary King</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>498-38-3992</b>		17. INFORMANT Address <b>Neal Cronin 4617 Ashby Rd.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Toxemia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>5-6 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Multiple Lung Abscesses</b>	
						DUE TO (c) <b>521X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <b>2:30 A.</b> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Jan 17 '58</b> to <b>Jan 21 '58</b> and last saw her alive on <b>1-21-58</b> Death occurred at <b>2:30 A.</b> m on the <b>21</b> day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Samuel P. Hepler M.D.</b>				22b. ADDRESS <b>634 N. Grand Ave</b>		22c. DATE SIGNED <b>1/21/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>1/24/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Collier Mortuary St. Ann Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-22-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert A. Donahue</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.