WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6642

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township St Louis ..... Primary Registration District No. 1003 ..... Registered No. 1591

City ST Louis (No. 3229 Pennsylvina St. ..... Ward)

2. FULL NAME Paul B. Cunningham

(a) Residence. No. 3229 Pennsylvina St., 16 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25th 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: non
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Jefferson Cunningham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Dora Gravens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo

14. INFORMANT Jefferson Cunningham (Address) 3229 Pennsylvina

15. FILED FEB 13 1928, 19 ..... Max W. Tarlloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 12th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1927, to Feb 12, 1928, that I last saw him alive on Feb 12, 1928, and that death occurred, on the date stated above, at 1.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4 Whooping Cough
(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) Pneumonia
Broncho Secondary (duration) — yrs. — mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. A. Benson, M. D
, 19 (Address) 4702 Easton av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Foley Mo
DATE OF BURIAL: Febr 14th 1928

20. UNDERTAKER: Cullen Kelly
ADDRESS: 4526 Easton

K
Edwards