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.

3086

File No.

Registered No. 816

1. PLACE OF DEATH

County

Registration District No. 781

Township

Primary Registration District No. 5003

City St. Louis (No. City Hospital St. Ward)

8065

2. FULL NAME Thomas Cunningham

(a) Residence, No. 819 Market St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1861

7. AGE: YEARS 70 | MONTHS 11 | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Notions

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

FATHER

13. NAME Owen Cunningham 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Mary Brennan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U DATE 1 - 28 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutgers St

20. FILED JAN 25 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8th, 1931, to Jan 14th, 1932

I last saw him alive on Jan 14th, 1932 Death is said to have occurred on the date stated above, at 5:35 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Date of onset

46 B

Other contributory causes of importance

46 B

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (1) Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) City Hospital