

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

Do not use this space.

38592

1. PLACE OF DEATH

County..... Registration District No. 21
Township..... Primary Registration District No. EXXII
City..... (No. St. Paul St. P.)

File No.
Registered No. 8857 St. Ward)

2. FULL NAME

Robert E. Cundiff

(a) Residence, No. 1044 Earth Ave St. 8 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-28-1928</u>		
7. AGE	YEARS <u>4</u>	MONTHS <u>1</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home 90B</u>	11. Total time (years) spent in this occupation. <u>107A</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>115A</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis 7660 1</u>		
FATHER	13. NAME <u>Oris Cundiff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hillsboro Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Gabriel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waterloo Ill.</u>	
17. INFORMANT (ADDRESS) <u>Oris Cundiff 1044 Earth Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>10-7</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>W.A. Stark and Co. 2117 E. Grand, Ind.</u>		
20. FILED <u>OCT -4 1932</u> <u>Mar C. Starkloff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1932 to Oct 3 1932
I last saw him alive on Oct 3 1932. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Streptococcus myocardi Date of onset Sept 6
sub pericardial malig
bilateral lobular pneumonia • 132
resulting from streptococci
throat infection non diphtheritic
Other contributory causes of importance:
Mediastinal abscess from
Infection of Throat
Name of operation Pericardectomy Date of Oct 4/32
What test confirmed diagnosis: Culture Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 19.....
Where did injury occur? 0 (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 Pneumonia (Signed) W.A. Stark M. D.
(Address) 1117 N Grand, Ind.

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.

