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

Do not use this space.

27715

File No. 7941

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. Statler Hotel St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Gladys Cunningham alias Eddy Cutler

(a) Residence, No. St., Ward. Muskegon Mich.
(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 Female

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) July 18 1892

7. AGE Years 41 Months Days 29 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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) Nebraska

FATHER

13. NAME Chas. S. Cunningham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Belle Debellis

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

17. INFORMANT Merton Cunningham
(ADDRESS) Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fullerton Neb DATE 10-5 1933

19. UNDERTAKER Peets Bros.
(ADDRESS) 3029 Lafayette

20. FILED OCT 2 1933 J. F. Bresee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17/1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P. m.

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

	Date of onset
Hemorrage of	
Incised wounds of wrist	
self inflicted	
11.28	

Other contributory causes of importance:

10.25

Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ....

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

Accident, suicide, or homicide? Suicide Date of injury 8/17, 1933

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury Razor blades

Nature of injury Incised wounds of wrist

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

If so, specify

(Signed) Harold L. Pickrel M.D.

(Address) Dr. Jones

10/3/33

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.

THIS IS A PERMANENT RECORD

OCT 20 1933