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.

APR 11 1936

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

Do not use this space.

12683

File No. 2721

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Lizzie Cunningham

(a) Residence, No. 6821 Southwest Ave. Ward. 4
(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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Louis Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 20. 1886.

7. AGE: Years 50. Months 1. Days 19. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Kansas.

FATHER

13. NAME: Andrew James.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER

15. MAIDEN NAME: Flotavella Pillington

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

17. INFORMANT (ADDRESS): Luella Locke 6821 Southwest Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Mathews DATE March 12 1936

19. UNDERTAKER (ADDRESS): Edith E. Ambruster 4234 Manchester Ave.

20. FILED MAR 12 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9. 1936

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 12 noon.

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

Second & Third Degree Burns - Back - Legs - Arms and Hands. received while dress became ignited from heating stove (building did not burn)

Date of onset

Other contributory causes of importance:

Accident

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

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

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

Accident, ~~suicide, or homicide~~? ..... Date of injury 1/18, 1936

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. Home

Manner of injury Burns -

Nature of injury Burns to Back etc.

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

If so, specify

(Signed) Harold [illegible], M.D.

(Address) [illegible]