

MAY 7 1937

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

Do not use this space.

14800

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis, Mo.(No. 630 S. Kingshighway Blvd.)

791

1003

File No.....

Registered No.....

4302

St. Ward)

2. FULL NAME Cunningham, Infant Girl(a) Residence, No. 8475 Kempland Avenue St. nr Ward.(Usual place of abode) University City, Mo. (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)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3-30-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

Stillborn

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.....10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

13. NAME

Cunningham, Wendel James

14. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

15. MAIDEN NAME

Frossard, Dorothy Virginia

16. BIRTHPLACE (CITY OR TOWN)

Grandview, Tenn.

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Wendel James Cunningham
8475 Kempland

18. BURIAL, CREMATION, OR REMOVAL

(ADDRESS)

St. Louis Maternity DATE 3-30-37

19. UNDERTAKER

(ADDRESS)

Dept of Pathology
1147 Washington University

20. FILED

APR 26 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

3/30/37, 19....., 19.....I last saw h. stillborn, 19..... Death is saidto have occurred on the date stated above, at 4:55 A.M.

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

Intrauterine foetal
death
of full term Date of onset

Other contributory causes of importance:

Name of operation Cesarean delivery Date of 3/31/37

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?..... 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) Carl F. Pitzer M. D.(Address) St. Louis Maternity
Hospital

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.

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