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.

REC'D MAR 14 1938

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

Do not use this space. 5382

Registration District No. 791

Primary Registration District No. 1003

Registered No. 2027

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis (d) Street No. St. Anthonys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME L. Blanche Cunningham 552

(a) Residence, No. 1910 Maury Ave. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Geo. G. Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1879

7. AGE: Years 59 | Months 0 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Lady's ware

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) Smithland Kentucky

FATHER

13. NAME Alvin Trail

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Ray Greathouse
(ADDRESS) 3187 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Feb. 26th. 1938

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED FEB 26 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th. 1938

22. I HEREBY CERTIFY, That I attended deceased from January 3rd., 1938, to February 24th., 1938
I last saw her alive on Feb. 24th., 1938. Death is said to have occurred on the date stated above, at 12.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of cervix	Indefinite

Other contributory causes of importance
Myocarditis, chronic

Name of operation Hysterectomy Date of Feb. 14th.
What test confirmed diagnosis? All usual Was there an autopsy? No

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? No.
If so, specify
(Signed) C. S. Smith, M. D.
(Address) 2278 S. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)