

96
REC'D JUN 7 1938MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH19439
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis County Registration District No. 7824
 (b) Township Clayton Primary Registration District No. 07 Registered No. 812
 (c) City Clayton (d) Street No. St. Louis County 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellis R. Cunningham 352

(a) Residence, No. St. Alton, Ill.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Cunningham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
31 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitehall, Ill.FATHER 13. NAME Arthur Cunningham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wrights, IllinoisMOTHER 15. MAIDEN NAME Mary Robinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Preacherville, Ky.17. INFORMANT (ADDRESS) Arthur Cunningham
Carrollton, Ill.18. BURIAL, CREMATION, OR REMOVAL PLACE Roodhouse, Ill. DATE 5-8, 3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc.
429 North Euclid Ave.20. FILED 58 1938 T. R. Meyer, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3rd May 1938

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:15 PM.

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

Automobile accident.
Struck by an automobile while
a pedestrain on a public high-
-way. Date of onset 5/1/38

Other contributory causes of importance:

Fracture of the skull.Name of operation none Date of _____
What test confirmed diagnosis? physical signs Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 5/1, 38
Where did injury occur? Kirkwood, Clayton, Mo.
(Specify city or town, county, and State)

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

Manner of injury Public place
Struck by auto
Nature of injury Fractured skull24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) John O. Howell M. D.Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision

Signed.....

Licensed Embalmer No.

P. O. Address

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

If this body is not embalmed, above space should be left blank.