

REC'D APR 12 1939

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

8965
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1008 Registered No..... 2730
(c) or City St. Louis / (d) Street No. 4536 Harris Avenue 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ANNA V. CUNNINGHAM

(a) Residence, No. 4536 Harris Avenue St. 9
(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1

13. NAME Not Known 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT William J. Cunningham (ADDRESS) 4536 Harris Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 25, 1939

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED MAR 23 1939 J. D. Beckler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to March 22, 1939. I last saw her alive on March 21, 1939. Death is said to have occurred on the date stated above, at 10:15 PM.
The principal cause of death and related causes of importance were as follows:

Heart cardiac dilatation
Chronic interstitial nephritis
Chronic myocarditis
Date of onset 3/23/39

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. C. Koenning M. D.
(Address) 4548 Palumbo Dr

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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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 William G. Bushhof

Licensed Embalmer No. 2110 8

P. O. Address St. Louis Mo

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.