

JUL 12 1939

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

20926  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** Registered No. **5770**  
 (e) Length of residence in city or town where death occurred **23** yrs. mo. ds. (f) How long in U.S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

**Lucius Cunningham, Jr.**  
 (a) Residence, No. **2935 Olive** St. **21**  
 (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 <b>M</b>	4. COLOR OR RACE <b>C</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Separated</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 27, 1909</b>		
7. AGE	YEARS <b>29</b>	MONTHS <b>9</b>
	DAYS <b>22</b>	IF LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>	
	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) <b>Ohio</b>		
FATHER	13. NAME <b>Lucius Cunningham</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b>	
MOTHER	15. MAIDEN NAME <b>Mamie Robinson</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>	
17. INFORMANT (ADDRESS) <b>Evelyn Hilliard</b> <b>2601 N Whittier</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Washington</b> DATE <b>6-6-39</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>W. Richter</b>		
20. <b>JUN 29 1939</b> 19 <b>J. B. Beedick</b> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 9, 1939**, 19, to **May 19, 1939**, 19. I last saw him alive on **May 19, 1939**, 19. Death is said to have occurred on the date stated above, at **2:30a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Hypertensive heart disease**

Date of onset **5/9/39**

Other contributory causes of importance:  
**Nephritis, Chronic**

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Name of operation ..... Date of .....  
 What test confirmed diagnosis? **clinical** 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? .....  
 If so, specify **Hypertensive heart disease**  
 (Signed) **H. J. Lyman**, M. D.  
 (Address) **2601 N Whittier**

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.....

..... 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.**