

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003 Registrar's No.

9174

## 1. PLACE OF DEATH:

(a) County St. Louis, MO  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Infirmiry Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution June 16, 1932  
Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Virginia Cunningham 552

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 21, 1886  
(Month) (Day) (Year)8. AGE: Years 53 Months X Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Missouri (City, town, or county) (State or foreign country) 010. Usual occupation No Occupation 411. Industry or business X 912. Name Unknown 1

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)16. (a) Informant's own signature E. J. McInerney(b) Address 5800 Arsenal St.17. (a) BURIAL (b) Date thereof 10-27-32  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation NEW ST. MARCUS18. (a) Signature of funeral director: Schumacher Under(b) Address 3013 Meramec19. (a) OCT 26 1932 (b) J. F. Dedek  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,  
 (c) City or town St. Louis, Mo. 13  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? American years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24,  
year 1932 hour 3:30 minute p/ M.21. I hereby certify that I attended the deceased from June  
16, 1932, to October 24, 1939  
that I last saw her alive on October 24, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Chronic myocarditisGeneralized arteriosclerosisStenitisDue to Bronchopneumonia

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature E. J. McInerney (D. or other) \_\_\_\_\_  
Address 5800 Arsenal Date signed \_\_\_\_\_

**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. 2906

P. O. Address 30130 Prairie

**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.