No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

E14562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4411

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 1241

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1636 Ohio Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 Years years.

3. (a) PRINT FULL NAME 552 Michael J. Cunningham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 2, 1887 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland 5 (State or foreign country)

10. Usual occupation City Fireman 5

11. Industry or business 5

FATHER
12. Name Patrick Cunningham
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary O'Malley
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Delia Cunningham
(b) Address 1636 Ohio Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 7 1940 (Date received local registrar) (b) J. B. Burbach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5, year 1940 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from January 21, 1940, to February 5, 1940 that I last saw him alive on February 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Type III

Duration

Due to

Due to

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. M. Pike (M. D. or other)
Address 1515 Lafayette Date signed 2/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Crai

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

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