No. 2
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X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16448

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3925

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")
(d) Street No. 3033 Franklin (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME RUBIN CUNNINGHAM 552

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife Gertrude Cunningham

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 41 Months Days If less than one day hr. min.

9. Birthplace Milan Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Cornelius Cunningham
13. Birthplace Milan Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Salenia Long
15. Birthplace Milan Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Francis Anders
(b) Address 1045A North Vanderventer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director A. L. Beal Und. Co.
(b) Address 2726 Lucas Ave.

19. (a) MAY 1 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 25 day 25 year 1940 hour 8:40 minute A M.

21. I hereby certify that I attended the deceased from April 12, 1940 to April 25, 1940; that I last saw him alive on April 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Luetic Heart Disease	8-10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	Unk

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 H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 4/29/40

(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 Buddie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address .....

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

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