

REG SEP 25 1947 91 1

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7236

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:  
St. Louis City Hospital, #  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Days  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2026 S. Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27,  
year 1940 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from August  
17, 1940, to August 27, 1940  
that I last saw him alive on August 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Carcinoma of Stomach.  
Arteriosclerosis

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach  
Of operations: arteriosclerosis  
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)  
(e) Means of injury \_\_\_\_\_

23. Signature L. V. Mulligan (M. D. or other) U  
Address 1515 Lafayette Ave Date signed 8/27/40

3. (a) PRINT FULL NAME William Cunningham 552

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 492-12-8359

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Nellie Cunningham 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January 14, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 7 13 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cigar Maker

11. Industry or business Jacob Lampert Cigar Co.

12. Name Unknown ?

13. Birthplace Unknown ?  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ?

15. Birthplace Unknown ?  
(City, town, or county) (State or foreign country)

16. (a) Informant John Cunningham

(b) Address 2026 S. Jefferson

17. (a) Burial (b) Date thereof 8/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Weldert

(b) Address 2331 S. Broadway

19. AUG 28 1940 (Date received local registrar) (b) J. B. [Signature] (Registrar's signature)

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

789

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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 Robert Wheeler

Licensed Embalmer No. 2128

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.**