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PRINTED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12457  
State File No. 2887  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

00  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pronounced dead at Hospital #20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 14 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County 000  
(c) City or town St Louis 179  
(If outside city or town limits, write "RURAL") 21  
(d) Street No. 921 North Compton Ave  
(If not, give locality)  
(e) If foreign born, how long in U.S.A.? No Attending Physician 1 years.

3. (a) PRINT FULL NAME JENNIE CUNNINGHAM  
(b) If veteran, name war -  
(c) Social Security No. -  
4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Jesse (c) Age of husband or wife if alive 60 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 29 day MARCH  
year 1941 hour 9 minute 15 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

7. Birth date of deceased MAY 15TH 1878  
(Month) (Day) (Year)  
8. AGE: Years 62 Months 10 Days 14  
If less than one day hr. min.

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.  
Immediate cause of death  
Chronic Interstitial Nephritis  
Chronic Myocarditis With Fibrosis  
Due to and Embolism. Fracture of Neck  
right Femur suffered when  
Deceased fell at her home 921 No. Compton Ave.  
Other conditions. March 24, 1941  
(Include pregnancy within 3 months of death)  
Exact time unknown

9. Birthplace INOMAR MISS  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housework  
11. Industry or business \_\_\_\_\_  
12. Name Samuel Herd  
13. Birthplace UNK MISS  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Wiley  
15. Birthplace UNKNOWN MISS  
(City, town, or county) (State or foreign country)  
16. (a) Informant Nona Goodwin  
(b) Address 3149 Bell Ave  
17. (a) Burial (b) Date thereof 4-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park  
18. (a) Signature of funeral director J. H. Riddle & Son  
(b) Address 3133 Bell Ave  
APR - 2 1941  
19. (a) (Date received local registrar) (b) J. H. Riddle  
(Registrar's signature)

Major findings:  
Of operations 1/86  
Of autopsy 18  
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) Accident  
(b) Date of occurrence 3/14/41 000  
(c) Where did injury occur? St Louis MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
21 Home  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
23. Signature James J. Finn (M. D. or other) 3  
Address \_\_\_\_\_ 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

*H. J. Watson*

Licensed Embalmer No.

*2498*

P. O. Address

*2769 Shortear*

**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.**