

No. 2
-13-40
-17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27055

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6847

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1715

(d) Street No. 4140 Nebraska Ave.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Sylvia May Cunningham

3. (b) If veteran, name war No.

3. (c) Social Security No. 495-14-5111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22nd
year 1941 hour 4 minute 30 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Walter 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb. 14 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>6</u>	<u>8</u>	hr. _____ min.

Immediate cause of death Cerebral Apoplexy

9. Birthplace Flat River Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Ray Chester

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

14. Maiden name Sylvia Smith

15. Birthplace Iron Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations None

Of autopsy 1

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Chester

(b) Address 1768 Mississippi Ave.

17. (a) Removal (b) Date thereof 8/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Mo.

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? _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 23 1941 (b) J. M. Medrek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Of Means of injury _____

23. Signature Alfred Perry (M. D. or other) 3

Address Desloge, Mo. Date signed 8/23/41

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

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MOTHER FATHER

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.....

Harold G Burnley

Licensed Embalmer No..... 4202.....

P. O. Address.....

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, fact should be so stated above.