

13-40
7-39
K2315P

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

30240

State File No.

7579

Registration District No. 1901

Primary Registration District No.

Registrar's No.

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:
1518 1/2 N. 25th St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COU
(c) City or town St. Louis 20 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1518 1/2 N. 25th St F
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 68 (1) years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th
year 1941 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1941
Sept. 1, 1941 to Sept. 17, 1941;
that I last saw him alive on Sept. 17, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
myocarditis general
art. sclerosis.

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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) no

(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 R. B. Bunker (M. D. or other) _____

Address 4901 E. Easton Date signed 9/18/41

3. (a) PRINT FULL NAME Thomas Cunningham

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Sept. 8, 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 0 9 hr. _____ min.

9. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Plaster

11. Industry or business _____

12. Name William Cunningham

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

14. Maiden name unknown

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

16. (a) Informant Lyda Cunningham

(b) Address 1518 1/2 N. 25th St

17. (a) burial (b) Date thereof Sept. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 St. Louis Ave

19. (a) SEP 19 1941 (b) J. B. Bunker
(Date of local registrar) (Registrar's signature)

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

6

OCT 23 1941

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

Charles Goodhart

Licensed Embalmer No. *2717*

P. O. Address *Shore*

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.