

Registration District No. **FILED MAR 17 1942 91**

Primary Registration District No. **100?**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **4958 Walsh St.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **14000**  
(c) City or town **St. Louis**  
(d) Street No. **4958 Walsh St.**  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Thomas W. Cunningham**  
3. (b) If veteran, name war **Spanish American** 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **6th**  
year **1942** hour **4:15** minute **A.M.** M.  
21. I hereby certify that I attended the deceased from **4/25/41**  
\_\_\_\_\_ 19\_\_\_\_ to **2/6** 19**42**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Kathryn Cunningham**  
6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **April 16th 1874**  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on **2/6** 19**42**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cardio-vascular  
renal syndrome @ 2 myocarditis  
+ hypertension & cardiac asthma.**

8. AGE: Years Months Days If less than one day  
**67 9 21** hr. min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **St. Charles Mo.**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **no**

10. Usual occupation **Salesman**

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

11. Industry or business **Norwine Coffee Co.**  
12. Name **Thomas C. Cunningham**  
13. Birthplace **St. Charles Mo.**  
14. Maiden name **Mary E. Orrick**  
15. Birthplace **St. Charles Mo.**

22. If death was due to external causes, fill in the following: **no**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant **Cletus Cunningham**  
(b) Address **4958 Walsh Ave.**

(Specify type of place)  
23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address **3808 Wilmingtn Ave** Date signed **2/6/42**

17. (a) **Burial** (b) Date thereof **2-9-42**  
(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuary**  
(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **FEB 7 1942** (b) **J F Brudeck**  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

2-4-30

Jan 1929

**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.....  
*Edwin M. Dermott*

Licensed Embalmer No..... *3024*

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.**