

FILED JUN 2 1942 91

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
6036 Marmaduke Ave.
(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.....
(c) City or town..... St. Louis
(d) Street No..... 6036 Marmaduke Ave.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Kathryn M. Cunningham

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

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

6. (b) Name of husband or wife..... Late Thomas W. Cunningham
6. (c) Age of husband or wife if alive..... 27 years

7. Birth date of deceased..... July 27th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 22 hr. min.

9. Birthplace Alton Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Barth Kennedy
13. Birthplace Ireland
14. Maiden name Catherine Rynne
15. Birthplace Ireland

16. (a) Informant Cletus L. Cunningham
(b) Address 6036 Marmaduke Ave.

17. (a) Burial (b) Date thereof 5-22-42
(c) Place: burial or cremation Oak Grove Cemetery

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

19. (a) MAY 27 1942 (b) J. F. Brodeur
(Date of burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1942 hour 9:45 minute A.M.

21. I hereby certify that I attended the deceased from June 15
1936 19... to March 19 19...
that I last saw her alive on May 19th 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive failure
Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?.....
(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..... P. B. Cappel (M. D. or other)
Address..... 3284 Franklin Ave. Date signed 5/29/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 D. Mc 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.