S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19484

FILED JUL 20 1942 791

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 5823

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

00 17 9

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

000 17 9

(a) State Missouri (b) County 21

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

(d) Street No. 2222 Franklin (R)
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Charles Cunningham

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 2 | 5. Color or race Col | 6. (a) Single, widowed, married, divorced Widower 2

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

7. Birth date of deceased June (Month) 8 (Day) 1863 (Year)

8. AGE: Years 79 | Months 0 | Days 29 | If less than one day .....hr. .....min.

9. Birthplace Fulton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Liggett & Meyers Tobac. Co.

MOTHER FATHER

12. Name Charles Cunningham

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Florence Allen

(b) Address 2136 Carr St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-42 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cmty.

18. (a) Signature of funeral director Ellis Fun. Home

(b) Address 2828 Stoddard St.

19. (a) JUL 8 1942 (Date received by registrar) (b) J. F. Budeke (Registrar's signature)

JUL 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7, year 1942 hour 4 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 1, 1942 to July 7, 1942; that I last saw him alive on July 7, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Alcoholic Stupor	6-8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature H. J. Erwin (M. D. or other)

Address 260 Whittier Date signed 7/8/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boeff

....., Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Boeffin

Licensed Embalmer No. 294

P. O. Address St Louis M

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.