

FILED JUL 27 1942

Registration District No. **784**

Primary Registration District No. **111**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **RICHMOND HEIGHTS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**7223 ARLINGTON DRIVE**  
(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 **MO.** (b) County **ST. LOUIS**  
(c) City or town **RICHMOND HEIGHTS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **7223 ARLINGTON DRIVE**  
(If rural, give location)  
(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **JOHN A. CUNEO**

3. (b) If veteran, name war.....  
3. (c) Social Security No. **789-09-4410**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MAY CUNEO**  
6. (c) Age of husband or wife if alive **?** years

7. Birth date of deceased **SEPT 13 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>61</b>	<b>10</b>	<b>3</b>	.....hr. ....min.

9. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **STEAM FITTER**

11. Industry or business.....

12. Name **JOHN B. CUNEO**

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

14. Maiden name **SCAROLINE CUNEO**

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

16. (a) Informant **MRS. MAY CUNEO**

(b) Address **7223 ARLINGTON DRIVE**

17. (a) **BURIAL** (b) Date thereof **7-20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindbergh Blvd**

19. (a) **JUL 16 1942** (b) **W. Mc. Cannon**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **16** year **1942** hour **5** minute **30** A.M.

21. I hereby certify that I attended the deceased from **July 16 1942** to **July 16 1942**  
that I last saw him alive on **July 16 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Arterio Sclerosis**

Due to.....  
Other conditions **None**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy **no**

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 **0**

23. Signature **John W. McDonald** (M. D. examiner)  
Address **1539 N. Grand** Date signed **7-16-42**

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

96  
83

96  
8  
3

Duration

**2 days**

**1 year**

PHYSICIAN

Underline the cause to which death should be charged statistically.

A

701

2  
Wm. Van Matre  
53971  
[Signature]

**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 Wm Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 Lafayette

**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.**