S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15993

FILED JUN 14 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5119

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7½ hrs (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17
(c) City or town ST LOUIS 92
(If outside city or town limits, write "RURAL")
(d) Street No. 2719 LOCUST ST 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY CUNNINGHAM

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

4. Sex FEMALE
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIE CUNNINGHAM
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased APRIL (Month) 6 (Day) 1882 (Year)

8. AGE: Years 61 Months 1 Days ~~28~~ 25 If less than one day hr. min.

9. Birthplace ATLANTA (City, town, or county) GEORGIA (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name WILLIE MURRY
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARTHA MATTHEW.
15. Birthplace GREENVILLE (City, town, or county) GEORGIA (State or foreign country)

16. (a) Informant WILLIE CUNNINGHAM
(b) Address 2719 LOCUST ST
17. (a) JUNE (Burial, cremation, or removal) (b) Date thereof 6. 5 43 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD
18. (a) Signature of funeral director METROPOLITAN.
(b) Address 3028 DICKSON ST
19. (a) JUN 8 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1943 hour 1:10 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Renal Vascular disease.	
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

23. Signature Thomas F Callan (M. D. or other)
Address Deputy Coroner Date signed 6-3-43

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1943

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4219 E Garfield

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.