

ED SEP 17 1943

8024

Registration District No. 12

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4014A Cleveland Av.  
(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 Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4014A Cleveland Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Levine Cunningham

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

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

6. (b) Name of husband or wife John V. Cunningham 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 29 1875  
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Robert Armstrong

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

14. Maiden name Mary Roberts

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

16. (a) Informant E. J. Cunningham

(b) Address 4101A Cleveland Ave. St. Louis

17. (a) Removal (b) Date thereof 9/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Martin, Tenn.

18. (a) Signature of funeral director McLaughlin Funeral Home

(b) Address 2301 Lafayette St. Louis, Mo.

19. (a) SEP 8 1943 (b) J. F. Bredack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1943 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 30 1943 to Sept 8 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberular Pulmonary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Sunday amnesia

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature H. E. Napper (Date signed Sept 24)  
Address \_\_\_\_\_

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

MOTHER FATHER

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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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 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.**