052
S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39673

Primary Registration District No. 1003

Registrar's No. 11122

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: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunkin 35
(c) City or town Campbell
(If outside city or town limits, write "RURAL")
(d) Street No. W.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Henry Cunningham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Augusta Cunningham

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 22 (Day) 1852 (Year)

8. AGE: Years 91 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Perry County (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name James Cunningham
13. Birthplace Unknown (City, town, or country) Unknown (State or foreign country)

MOTHER
14. Maiden name Jane Stiles
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Paul Cunningham
(b) Address 3720 Melba

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Campbell, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 14 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13, year 1943 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from December 12, 1943 to December 13, 1943 that I last saw him alive on December 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility / DX	

Major findings:
Of operations
Of autopsy Not done

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 Frank Steinberg (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date signed 12/14/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Gonocka

Licensed Embalmer No. 3398

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.