V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

96
2
3

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

43653

State File No.

LED DEC 18 1943

Registration District No. 297

Primary Registration District No. 3063

Registrar's No. 2748

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 2644 Bremerton Road
(If rural, give location)

(e) Citizen of foreign country? No (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

5. Color or race White

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

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

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

7. Birth date of deceased 1-18-1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	10	20	hr. min.

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

10. Usual occupation Insurance Brooker

11. Industry or business United Insurance Agencies

FATHER
12. Name John Cunningham
13. Birthplace ? (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Samantha Ingram
15. Birthplace Germantown, (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Geo. B. Cunningham
(b) Address 144 E 40th St., N. Y. N. Y.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co
(b) Address 3621 Olive Street.

19. (a) DEC 13 1943 (Date received local registrar) (b) E. D. McGavran, M. D. F. S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day December
year 1943 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from 12-4-43, 19__, to 12-8-43, 19__;
that I last saw him alive on 12-8-43, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cardiac failure	3 days?
Due to hypertension Cr. disease	2 yr?
Due to Bilat. atypical Basilar Pneumonia	5 days.
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 [signature] (M. D. or other)
Address St. Louis Co. Hospital Date signed

(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 Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St

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.