

FILED AUG 8 1944 318

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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:
2200a Salisbury St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 23 years
 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. 2200a Salisbury Str
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME James Cunningham
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 24
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 that I last saw him alive on July 17 1944
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Effie Cunningham
 6. (c) Age of husband or wife if alive 41 years
 7. Birth date of deceased November 18 1889
 (Month) (Day) (Year)

Immediate cause of death Myocarditis
Chronic
chronic pneumonia
arteriosclerosis
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
54 8 6
 hr. _____ min. _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Texas
 (City, town, or county) (State or foreign country)
 10. Usual occupation Unemployed

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (c) 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 _____

16. (a) Informant Mrs. Effie Cunningham
 (b) Address 2200a Salisbury Str.
 17. (a) Burial (b) Date thereof JUL 26 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Waco Texas.
Henry Leidner Und.Co
 18. (a) Signature of funeral director _____
 (b) Address 2223 St. Louis Mo.
 19. (a) JUL 26 1944 J. F. Bredeck
 (Date received local registrar's certificate) (Registrar's signature)

23. Signature W. W. Harris (M. D. _____)
 Address 3506 N. Grand Date signed 7-25-44

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

MOTHER FATHER

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 P. Buchholz

Licensed Embalmer No.....

#1674

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.