. S. No. 2
0M—5-43
v. 5-17-39
D I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31795

FILED OCT 25 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8995

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)
In this community 50 years

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. 5316a N. Union Blvd., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jeanette Cunningham
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John W. Cunningham,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 8, 1866 (Month) (Day) (Year)
8. AGE: Years 79 Months 6 Days 9 If less than one day hr. min.
9. Birthplace Ontario, Canada, (City, town, or county) (State or foreign country)
10. Usual occupation Housewife,
11. Industry or business
MOTHER FATHER
12. Name Samuel Kennedy,
13. Birthplace Londondary, Ireland, (City, town, or county) (State or foreign country)
14. Maiden name Anne Robertson,
15. Birthplace Edinburgh, Scotland, (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Percy L. Read,
(b) Address 4406 McPherson Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) OCT 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 45 hour 1 minute 25 P.M.
21. I hereby certify that I attended the deceased from Sept. 20, 1945 to 10-17, 1945; that I last saw h. alive on Oct. 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchial — Duration
Due to Malnutrition
Due to Esophageal diverticulum
Other conditions Encephalomalacia
(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 David S. Leitch (M. D. or other) M.D.
Address Barnes Hospital Date signed 10/17/45

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 4161 Lindell Blvd

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.