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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10726

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 759

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 6118 Grimshaw / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Pine Lawn 0 (If outside city or town limits, write "RURAL")

(d) Street No. 6118 Grimshaw 0 (If rural, give location)

(e) Citizen of foreign country? — (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME JOHN J. CUNNINGHAM

3. (b) If veteran, name war World War #1

3. (c) Social Security 496-12-6963

4. Sex M 0

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased June 28, 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	3	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 11 (State or foreign country)

10. Usual occupation FOREMAN AURONATICAL

11. Industry or business DIV - U.S. GOVT

FATHER
12. Name Wm. Cunningham
13. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Nellie O'Riley
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Theresa Cunningham

(b) Address 6118 Grimshaw

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) 4-2-46 (Date received local registrar) (b) [illegible] McGovern MD (Registrar's signature) MSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Death without medical attendance, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 94a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No autopsy

Duration

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 0

23. Signature [illegible] M.D. (M. D. or other)

Address 601 Brentwood Blvd. Date signed 4/1/46

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1946

E G McGavran MD

DEC 7 1956

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 G W Wilkinson

Licensed Embalmer No. 3570

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.