S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42939

Primary Registration District No. 1003

Registrar's No. 11910

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Home for the Aged, 3400 So. Grand Blvd., (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Years, (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. Home for the Aged, 3400 So. Grand., (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Hannah Cunniff,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female, 1

5. Color or race White,

6. (a) Single, widowed, married, divorced Single, 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 14, (Day) 1869 (Year)

8. AGE: Years 78 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name Patrick Cunniff, 9

13. Birthplace Unknown, (City, town, or county) (State or foreign country)

14. Maiden name Hannah Mahony,

15. Birthplace Unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Therese [illegible]

(b) Address 3400 So. Grand Blvd.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 12/30/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.,

19. (a) DEC 29 1947 (Date received local registrar) (b) J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Decemeber day 27th year 1947 hour 5: minute 30 P.M.

21. I hereby certify that I attended the deceased from July 4, 1947, to Dec. 27, 1947, that I last saw him alive on Dec. 24, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterial. Heart Dis.	yrs.
Due to General. arteriosclerosis	yrs.
Due to	
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 0

23. Signature R. A. Mezera (M. D. or [illegible])

Address 539 N. Grand Date signed 12/29/47

(Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo

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 Joe B. Berry

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, Mo.

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.