. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2408 1039

FILED FEB 13 1948

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

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 2 c

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

(d) Street No. 4042 Lincoln Ave., 9
(If rural, give location) 0

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Patricia ~~Patricia~~ Ann Cunningham

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 7 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days 24 ~~23~~ | If less than one day hr. 0 min.

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

10. Usual occupation 11

11. Industry or business

FATHER
12. Name Patrick Cunningham 4
13. Birthplace Gallway Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes Mullaney 0
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Patrick Cunningham
(b) Address 4042 Lincoln

17. (a) Burial (b) Date thereof 2/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 No. Euclid

19. Feb. 2 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st
year 1948 hour 5 minute 45 am M.

21. I hereby certify that I attended the deceased from 11th of Jan, 1948, to Jan 31, 1948, that I last saw her alive on Jan 31, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Diarrhea	1 wk.
Due to Obstructive Jaundice	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Elo Gr. M.D. (M. D. or other)

Address 634 N. Grand Date signed 1/31/48

Jefferson City Printing Co. (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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.