S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10084

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3001

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

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 (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. 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. 4511 Washington (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 12 0
If yes, name country

3. (a) PRINT FULL NAME Emma Louise Cunningham (Dunbar)
3. (b) If veteran, name war No
3. (c) Social Security No. 489-05-5613
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Howard Dunbar
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased October (Month) 16 (Day) 1884 (Year)

8. AGE: Years 63 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Lockport (City, town, or county) New York (State or foreign country)
10. Usual occupation Saleslady
11. Industry or business Scruggs Dep't. Store
FATHER 12. Name John Cunningham
13. Birthplace Lockport (City, town, or county) New York (State or foreign country)
MOTHER 14. Maiden name Rachel Viester
15. Birthplace Erie County (City, town, or county) New York (State or foreign country)
16. (a) Informant Mrs. F. L. Griffin
(b) Address LockPort New York
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Buffalo, New York
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) MAR 28 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1948 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 19, 1948, to March 26, 1948 that I last saw her alive on March 25, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Cecum (with metastases to liver) — Duration: about 6 mos
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: Carcinoma Cecum. Jan 19-48 Same March 23-48
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Everett J. Jarvis (M. D. or other)
Address 607 No Grand Blvd Date signed 3/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

3001

Burial

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 Ernest W. Spillers

Licensed Embalmer No. H080

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.