

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 30 1948
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3730

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:
6334 Saloma Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... 0-06

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

(d) Street No. 6334 Saloma Ave. 9
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Fred Cunningham

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive..... 60 years

7. Birth date of deceased..... Feb. 7th 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>12</u>hr.min

9. Birthplace..... Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... City Fireman

11. Industry or business..... Fire Department

12. Name..... Edward Cunningham 4

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

14. Maiden name..... Nellie Kelly

15. Birthplace..... Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Cunningham

(b) Address..... 6334 Saloma Ave.

17. (a) Burial (b) Date thereof..... 4-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Arthur J. Donnelly

(b) Address..... 3840 Linfield Blvd

19. (a) APR 26 1948 (b) J. F. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from M.W.H.
10 19 48 to 4-19 19 48
that I last saw him alive on 4-19 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute coronary occlusion

Due to..... Chronic myocarditis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... E. J. Kelley (M. D. or other) MD
Address..... 6673 Kellogg Date signed..... 4-19-48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 W. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4240 Lafayette

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.