

1. PLACE OF DEATH:

(a) County St. Louis,
 (b) City or town St. Louis,
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. John's Hospital
 (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)

3. (a) PRINT FULL NAME MARY G. CUNNINGHAM.

3. (b) If veteran, name war no 3. (c) Social Security No. NO

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 1880
 (Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 25
 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name William Dickinson /
 13. Birthplace unknown England
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma S. Goodfellow
 15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul B. Prough
 (b) Address 1508 Andrew Drive, Kirkwood, Mo.
 17. (a) Cremation (b) Date thereof May 7 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons
7233 Delmar Blvd. St. Louis
 (b) Address
 19. (a) MAY 9 1948 J.F. Breda
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96
 (c) City or town Kirkwood 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1508 Andrew Drive 3
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
 year 1948 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from June 1
 1947 to May 5 1948
 that I last saw her alive on May 5 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 20 hrs.
 Due to Generalized arteriosclerosis & hypertension yo.
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 82

Major findings: Of operations _____

Of autopsy as above

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? 0

(Specify type of place) _____
 While at work? _____ (Specify means of injury) _____
 23. Signature John King (M. D. or other) MD
 Address 621 E. Big Bend Rd Date signed 5/6/48

4-25-73

1691 E. Big Bend Rd.
PE-0147
1-3 (except weid)

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, 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.