

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No.

State File No. 27624
Registrar's No. 7228

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME WILLIAM CUNNINGHAM

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ella Cunningham 6. (c) Age of husband or wife alive years
7. Birth date of deceased December 8 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Louisville Kentucky
(City, town, or country) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Unknown Cunningham

12. Name Unknown 13. Birthplace Unknown
(City, town, or country) (State or foreign country)
14. Maiden name Unknown 15. Birthplace Unknown
(City, town, or country) (State or foreign country)

16. (a) Informant Mrs. Charles Miriani

(b) Address Festus, Missouri.

17. (a) Burial (b) Date thereof 8-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crystal City, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 17 1948 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-15-48 day 15 year 1948 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from 8-13-48, 1948, to 8-15-48, 1948;

that I last saw him alive on 8-13-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart disease Duration

Due to Arteriosclerosis heart disease Uncertain

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy same

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Budek (M. D. or other) Address 1325 Date signed 8-15-48

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

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.