

FILED OCT 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 35038
Registrar's No. 8871

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 3		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital #1		d. STREET ADDRESS (If rural, give location) 3201 Montgomery St	
3. NAME OF DECEASED a. (First) George		b. (Middle) Cunningham	
c. (Last) Cunningham		4. DATE OF DEATH (Month) (Day) (Year) 10/14/49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/3/48 1873
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Cunningham	13b. MOTHER'S MAIDEN NAME Alice ??	14. NAME OF HUSBAND OR WIFE Nellie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT'S SIGNATURE OR NAME Mrs Nellie Cunningham
		ADDRESS 4640 Ashland.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CORONARY SCLEROSIS		
ANTECEDENT CAUSES	DUE TO (b)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	Arterio Sclerosis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 45 ft

22. I hereby certify that I attended the deceased from 19___, to 19___, that I last saw the deceased alive on 19___, and that death occurred at 7:16 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. ...</i>	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 10/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemt.	24d. LOCATION (City, town, or county) (State) St. Louis Mo
DATE REC'D BY LOCAL REG. OCT 15 1949	REGISTRAR'S SIGNATURE <i>J. B. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE Harrigan & Sheahan 4415 Washington Blvd.	

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

me

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Isaac W. Wilkinson

Licensed Embalmer No. 3575

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.