

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 491

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ELLISVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKWOOD</u>	
c. LENGTH OF STAY (In this place) <u>8 YRS</u>		4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUNSET SANATORIUM</u>		STREET ADDRESS (If rural, give location) <u>618 CLEVELAND AV 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRIDGET</u> b. (Middle) <u>CUNNINGHAM</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9 1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 26 1877</u>
9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 2 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>THOMAS PRICE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ROWLEY</u>	14. NAME OF HUSBAND OR WIFE <u>PETER CUNNINGHAM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARIE McCAWLEY</u> ADDRESS <u>618 CLEVELAND AV KIRKWOOD</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis Generalized</u>		
	DUE TO (c) <u>Senil Dementia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>Feb 9 1953 12:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan. 19 1950, to Feb. 9 1953, that I last saw the deceased maline on Feb. 9 1953, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Halls Rhinberger</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>654 N. Kirkwood Rd., Kirkwood 22, Mo.</u>	23c. DATE SIGNED <u>2/9/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 12 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>2-10-53</u>	REGISTRAR'S SIGNATURE <u>Hugh R. Douche</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Croshaw</u> ADDRESS <u>7446 MANCHESTER AV. ST. LOUIS 17 MO.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

400
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FILED FEB 20 1953

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

M. V. Rueter

Licensed Embalmer No. 4865

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.