No. 300
10-48

FILED SEP 28 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

32649

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2217

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch
c. LENGTH OF STAY (In this place): 456 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2169
d. STREET ADDRESS (If rural, give location): 3400 S. Grand

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Cunningham

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 18 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: May [redacted], 1882
**9. AGE** (In years last birthday): [redacted]72
If under 1 year: Months: Days:
If under 24 hrs.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Bookbinding Shop MAINTANENCE MAN
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: John Cunningham
**13b. MOTHER'S MAIDEN NAME**: Elizabeth Delaney
**14. NAME OF HUSBAND OR WIFE**: NONE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: 488-30-[redacted]
**17. INFORMANT'S SIGNATURE OR NAME**: KOCH HOSPITAL
ADDRESS: KOCH, MO.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung with metastases to the liver, pleura, and pericardium.
INTERVAL BETWEEN ONSET AND DEATH: 23 mos.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
1)Pulmonary tuberculosis, MA-Improved-6 yr.
2)Pulmonary emphysema, severe.

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 163X
**20. AUTOPSY?** YES ☒ NO ☐

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* June 19, *19* 53, *to* Sept. 18 *19* 54, *that I last saw the deceased alive on* Sept. 17, *19* 54, *and that death occurred at* 5:45p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Ellis S. Lipsitz, M.D.
**23b. ADDRESS**: Robert Koch Hosp., Koch, Mo.
**23c. DATE SIGNED**: Sept. 21, 1954

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 9-22-54
**24c. NAME OF CEMETERY OR CREMATORY**: CALVARY CEMETER
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 9-20-54
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: COLLIER MORTUARY
ADDRESS: 10123 St. CHARLES RD

SW (Licensed Embalmer's Statement on Reverse Side)

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

## 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.....

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.

WRITE PLAINLY—USING UNFADING B

etc. It means the disease, injury, or complication which caused death.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* PULMONARY Emphysema

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

002X

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 18, 1954, *to* Sept 18, 1954, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alan Hecht MD

23b. ADDRESS Koch Hospital

23c. DATE SIGNED 9-18-54

24a. [redacted] REMOVAL [redacted]

24b. DATE SEPT 22 1954

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM

24d. LOCATION (City, town, or county) St. Louis (State) 777.0

DATE REC'D BY LOCAL REG. 9-20-54

REGISTRAR'S SIGNATURE Herbert R. Domke

25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary

ADDRESS 101 23 St. Chas. Rd

520 (Licensed Embalmer's Statement on Reverse Side)

## 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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 101 22 8th Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.