No. 300
10-48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35343

BIRTH NO. 73079-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2346

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

1. PLACE OF DEATH
a. COUNTY: St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton, Mo.
c. LENGTH OF STAY (in this place): 1hr. 10min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Kinloch
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1129 5th St.

409/1

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

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1955

5. SEX: Male
6. COLOR OR RACE: Col.
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: Oct. 2. 1955
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 1 / Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Clayton, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Leon Cunningham
13b. MOTHER'S MAIDEN NAME: Mattie Johnson
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.: None
17. INFORMANT'S SIGNATURE OR NAME: St. Louis County Hospital
ADDRESS: Clayton, 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): Complete atelectasis of both lungs

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anoxic intraventricular hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 1 hr / 1 hr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
7625
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* 10-2-, 1955, *to* 7:55 pm 10-2, 1955, *that I last saw the deceased alive on* 10-2-, 1955, *and that death occurred at* 9:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert [illegible] MD
23b. ADDRESS: 601 S. Brentwood, Clayton
23c. DATE SIGNED: 10/4/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 10-12-55
24c. NAME OF CEMETERY OR CREMATORY: St. Louis Crematory
24d. LOCATION (City, town, or county) (State): 5800 Arsenal, St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 10-12-55
REGISTRAR'S SIGNATURE: Herbert R. Dombe MD
25. FUNERAL DIRECTOR'S SIGNATURE: St. Louis County Hosp. - Clayton, Mo.
ADDRESS

S.G. (Licensed Embalmer's Statement on Reverse Side) S.G.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Not embalmed

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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