

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10589**  
Registrar's No. **2509**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>10589</b>		Registrar's No. <b>2509</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>				c. LENGTH OF STAY (If this place) <b>2 weeks</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Flower Convalescent Home</b>				f. STREET ADDRESS (If rural, give location) <b>27 2931 Iowa Ave.</b> <b>22490</b>					
3. NAME OF DECEASED a. (First) <b>Charles</b> (Type or Print)				b. (Middle) <b>Cunningham</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>March 8 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>May 7, 1872</b>		9. AGE (In years last birthday) <b>83</b> IF UNDER 1 YEAR: Months <b>10</b> Days <b>1</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Fireman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>St. L. Fire Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John L. Cunningham</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Coughan</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>1897 to 5/10/99</b>				16. SOCIAL SECURITY NO. <b>1897 to 5/10/99</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Celeste Leland Arcadia, Cal.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES DUE TO (b) <b>Generalized Arteriosclerosis 10 yrs</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
19a. DATE OF OPERATION <b>None</b>				19b. MAJOR FINDINGS OF OPERATION <b>422.1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		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 <b>Mar 23, 1956</b> , to <b>3/8</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>Mar 7</b> , 19 <b>56</b> , and that death occurred at <b>2 am</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Pepper Blumhard</b> (Degree or title)				23b. ADDRESS <b>2933 Subfund</b>				23c. DATE SIGNED <b>Mar 9/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/12/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>			
DATE REC'D BY LOCAL REG. <b>MAR 10 1956</b>		REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John H. Gebken Sons 2630 Gravois Ave.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert T. Gibbs*.....

Licensed Embalmer No.....4

P. O. Address 2630 Gravo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.