

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026534

FILED VS JUL 30 1959

Registration District No. Primary Registration District No. Registrar No. 6794 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 2826 Russell Blvd., 4, Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED First Middle Last MAYME CUNNINGHAM 4. DATE OF DEATH Month Day Year July 20th, 1959

5. SEX Female 6. COLOR OR RACE White 7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ] 8. DATE OF BIRTH 11-2-82 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Sec'y. 10b. KIND OF BUSINESS OR INDUSTRY Coal 11. BIRTHPLACE (City and state or country) Farmington, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Isaac B. Cunningham 13b. MOTHER'S MAIDEN NAME Mary Frances Byington 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Address Norna Cruncleton, 2826 Russell Blvd., 4,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion. Sudden Interval between onset and death (b) Posterior Myocardial Infarction (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none. 420.1 PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-14-59 to 7-20-59 and last saw her alive on 7-20-59. Death occurred at 8:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John H. Quember (Deceased or title) 22b. ADDRESS 1504 So Grand Ave 22c. DATE SIGNED 7/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7-22-59 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri 25. DATE RECD. BY LOCAL REG. JUL 21 '59 26. REGISTRAR'S SIGNATURE Coal Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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 embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Melisior

Licensed Embalmer No. 4186

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

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