

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016721

FILED VS. MAY 6 1960

Primary Registration District No.

Registrar's 2 4226

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 16 years		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2235 Oregon Avenue			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2235 Oregon Avenue			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DOROTHY MAE CUNNINGHAM				4. DATE OF DEATH Month Day Year April 18, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/22/27	9. AGE (last birthday) 32	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator			10b. KIND OF BUSINESS OR INDUSTRY Amer. Can Co.		11. BIRTHPLACE (City and state or country) Degonia Twsp., Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Henry J. Stueve			13b. MOTHER'S MAIDEN NAME Goldie Korando			14. NAME OF HUSBAND OR WIFE Nelson Cunningham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 326-22-5755		17. INFORMANT 3838 Ardmore St. St. Louis 10, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of chest DUE TO (b) 981X DUE TO (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) Suffered when hands of wife, Nelson Cunningham, in struggle at 2235 Oregon Ave April 18 1960. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DEATH HOUR OCCURRED (Enter hours of day in PART I or PART II of item 18.) about 10:27 a.m., April 18 1960.					
20c. TIME OF INJURY Hour a.m. 4:18 Month, Day, Year 6/27/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St Louis Mo	
21. I attended the deceased from 4:15 p.m. to her and last saw him alive on her Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph M. Zuercher				22b. ADDRESS 1300 Clark			22c. DATE SIGNED 4-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/21/60	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) Chester, Illinois		
24. FUNERAL DIRECTOR Schroeder Funeral Home - Chester, Ill.				25. DATE RECD. BY LOCAL REG. APR 19 1960		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY ATTEST AVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kasey III

Licensed Embalmer No. 1119

P. O. Address E. St. Louis

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. _