SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ATMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6333 STATE FILE NUMBER -61-022447

FILED JUL 13 1961

AMENDED

DATE AMENDED 7-

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3030 N. Sarah St. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 3030 N. Sarah St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Edward — Middle William — Last CUNNINGHAM Sr.

4. DATE OF DEATH: Month July 5, Day 1961 Year

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/4/81

9. AGE (last birthday): 80 — 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): Supervisor (ret)

10b. KIND OF BUSINESS OR INDUSTRY: Hosp. Laundry

11. BIRTHPLACE (City and state or country): Milan, Tenn.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Edgar Cunningham

13b. MOTHER'S MAIDEN NAME: Ophelia Hunt

14. NAME OF HUSBAND OR WIFE: Amanda F. Cunningham

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.

17. INFORMANT: John K. Cunningham, Address 4700 Hammett

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) METASTATIC CARCINOMA OF PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 177x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. 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 MAY 1, 1961, to JULY 5, 1961 and last saw ~~her~~ him alive on JULY 5, 1961
Death occurred at JULY 5, 1961 5:25 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M. Whittico, M.D.

22b. ADDRESS: 2715 Union Blvd.

22c. DATE SIGNED: 7/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7/10/61

23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Cunningham & Moore, 2405 Marcus

25. DATE RECD. BY LOCAL REG.: JUL 7 1961

26. REGISTRAR'S SIGNATURE: Hard Smith, M.D.

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 X Cunningham

Licensed Embalmer No. 4476

P. O. Address 2465 Marcus

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.