MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10690 STATE FILE NUMBER -62-044116

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | 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 City — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3921 Blaine — 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, Mo. — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3921 Blaine — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Sophronia Middle A. Last Cunningham
4. DATE OF DEATH: Month Nov. Day 4 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 12-18-1869
9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months 9 Days 16 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwfe
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Cuba, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James G. McCann
13b. MOTHER'S MAIDEN NAME: Phoebe E. Kinkaid
14. NAME OF HUSBAND OR WIFE: Wm (Dec'd-1936
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: Ruth Roberts — Address: 3921 Blaine Ave St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): LEFT VENTRICULAR FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): INFIRMITIES OF OLD AGE
DUE TO (c): COLITIS 434.2
INTERVAL BETWEEN ONSET AND DEATH: 2 years

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 January, 1946, to Oct. 25, 1962 and last saw her alive on 10/25/62
Death occurred at 6:02 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin L Brockmeier, D.C.
22b. ADDRESS: 830 NO. KINGSHIGHWAY
22c. DATE SIGNED: 11/5/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-1962
23c. NAME OF CEMETERY OR CREMATORY: Kinder Cemetery
23d. LOCATION (City, town, or county) (State): Cuba Mo.
24. FUNERAL DIRECTOR — ADDRESS: Paul A. Franklin, Cuba, Mo.
25. DATE RECD. BY LOCAL REG.: NOV 7 1962
26. REGISTRAR'S SIGNATURE: Hoad 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 _____

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.