

CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

VS 300
Rev. 1/70

DO NOT WRITE ON THIS STUB

9. 29
10a. 29
10b. 570
11. 3875
12. 04A
13. 2
14. 815.0
16. H
17. 36
18. 29
19. CREDITS
20. 04A
3875
58

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Samuel Taylor CUNNINGHAM					2. Male	3. Mar. 18th 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 82	5b. _____	5c. _____	6. Sept. 14, 1889		7a. _____
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. St. Louis		7c. Yes		7d. Deaconess Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Widowed		11. _____	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 702-05-9510		13c. Switchman		13b. Railroad			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. Missouri		14b. _____	14c. St. Louis		14d. Yes		14e. 6828 Plateau
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Thomas M. Cunningham					16. Jessie A. Orton		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Maxine V. Cunningham				17b. 6828 Plateau, St. Louis, Mo. 63139			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <i>Trauma with concussion brain pneumonia</i>					
DUE TO, OR AS A CONSEQUENCE OF:		(b) <i>Coronary Artery Disease</i>					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (10), STATING THE UNDERLYING CAUSE LAST		(c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (2)				AUTOPSY (YES OR NO)	
19. <i>Driver 1 car</i>						19a. <i>Yes</i>	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b. <i>yes</i>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)			
20a. <i>Accident</i>		20b. <i>3-14-72</i>	20c. <i>2:00P</i>	20d. <i>vehicle struck light standard</i>			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS			
20e. <i>No</i>		20f. <i>on parking lot</i>	20g. <i>2317 Mc Clausland</i>	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. _____		21b. _____	21c. _____	21d. _____	21e. _____	21f. _____	21g. _____
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		HOUR	
22a. _____		22b. <i>9:20A</i>		22c. <i>3/18/72</i>		22d. <i>9:20A</i>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OF TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. <i>Rico Brady</i>		23b. <i>Rico Brady</i>		23c. <i>MD</i>		23d. <i>3/20/72</i>	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a. <i>1300 Clark</i>		23b. <i>St. Louis, Mo.</i>		23c. <i>Mo.</i>		23d. <i>63103</i>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION			
24a. Removal		24b. Mount Hope		24c. St. Louis Co. Mo.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Mar. 20th 1972		24e. JAY B. SMITH, 7456 Manchester, Maplewood Mo. 63143					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <i>John B. Hawley</i>		25b. <i>William C. Stanton M.D.</i>		26. MAR 20 1972			

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

6/10/23

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 *Francis J. Woodland Jr.*

Licensed Embalmer No. 4512

P. O. Address *Columbia Del.*

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.