

791

FILED JUN 25 1941

STANDARD CERTIFICATE OF DEATH

State File No. 16991

4509

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 247
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3511a Iowa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Hattie Cunningham
8. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month May day 28th
year 1941 hour 7 minute a. m.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jeff Cunningham 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

7. Birth date of deceased September (Month) 9 (Day) 1861 (Year)
8. AGE: Years 79 Months 8 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Fracture of left femur; Atherosclerosis of aorta when deceased fell to the floor
Due to at her home, 3511^a Iowa Ave on May 6th, 1941 at about 7:00 A.M.
Due to _____

9. Birthplace Missouri (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name Thomas Gordon
13. Birthplace Unknown (City, town, or county) _____ (State or foreign country) _____
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) _____ (State or foreign country) _____

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant C. Jones
(b) Address 3511 Iowa Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-41 (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 6th 1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

(c) Place: burial or cremation Three Rivers, Farmington, Missouri

(Specify type of place) _____ (Specify type of place)
While at work? _____ (f) Means of injury _____

18. (a) Signature of funeral director Southern Funeral Home
(b) Address _____
19. (a) MAY 29 1941 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

23. Signature Thomas J. Callanan (M. D. or other) 3
Address 222nd Ave Date signed 5/29/41
Deputy Coroner

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

29

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.....

Raymond Hoemann....., Registered Apprentice No. 275
working under my personal supervision.

Signed Ernie L. Berryman
Licensed Embalmer No. 4018
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 this body is not embalmed, above space should be left blank.