

FILED AUG 30 1947 318
National Office of Vital Statistics
Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... S t. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
5 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... Mo

(c) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL.")

(d) Street No. 1463 Park Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HARDY H. CUNNINGHAM

3. (b) If veteran, name war..... Nil

3. (c) Social Security No. 487-24-0458

4. Sex. M Color or race..... W

5. Color or race..... W

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Mamie Cunningham

6. (c) Age of husband or wife if alive..... 60 years

7. Birth date of deceased..... October 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>?</u>	<u>!</u> hr. min.

9. Birthplace..... Flat River, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Sander

11. Industry or business..... Steel Co.

12. Name..... Ellis Cunningham

13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Martha Spradling

15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Lloyd B. Cunningham

(b) Address..... 2913 Henrietta St.

17. (a) Burial (b) Date thereof..... 8-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Parkview Cemetery, Deadwood, Missouri

18. (a) Signature of funeral director..... AW McLaughlin's

(b) Address..... 2301 Lafayette Ave

19. (a) AUG 7 1947 (b) J. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 6th day..... August
year..... 1947 hour..... 7:00 minute..... 2 M.

21. I hereby certify that I attended the deceased from..... 5..... 1947 to..... August 8..... 1947
that I last saw him alive on..... August 5..... 1947
and that death occurred on the date and hour stated above.

Inmediate cause of death..... Cardio-vascular disease

Due to.....

Due to.....

Other conditions..... 92
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsies.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... J. Bredenk (M. D. _____)
Address..... 3918 Co. 10th St. Date signed..... 8-6-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *C. W. Cooper*.....
Licensed Embalmer No..... *3830*.....

P. O. Address.....

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, fact should be so stated above.