

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **Hospital 1907**

City *St. Louis, Mo.* (No. *City Marquette*)

File No. **24645**

Registered No. **6041**

**2. FULL NAME** *Dickson G. Cunningham*

(a) Residence, No. *1111 no 7th* St., *25* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX *male* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11*, 19*33*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. *(about) 55*

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *(unemployed)*  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

*Cerebral Haemorrhage*  
*Fall on pavement*  
*IX 12A*  
*92A*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

Other contributory causes of importance: *184 103*

MOTHER 13. NAME *Unknown*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *Yes*

MOTHER 15. MAIDEN NAME *Unknown*

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide *Yes* Date of injury *7/3/33*

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

Where did injury occur *at home* (Specify city or town, county, and State)  
*Public Place*

17. INFORMANT *Father Dempsey* (ADDRESS) *1207 N 6th St*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury *Fall to pavement*  
Nature of injury *Cerebral Haemorrhage*

PLACE *Calvary* DATE *July 12*, 19*33*

19. UNDERTAKER *Bensie K. Niehaus* (ADDRESS) *1138 N. 6th St*

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

20. FILED *JUL 11 1933* *J. J. Bredeck* Registrar.

(Signed) *J. J. Bredeck* (Address) *410/33*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

