

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 25 1934

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. **1003**
City **St. Louis** No. **6256** **Gravois Ave** St. Ward)

File No. **15023**
Registered No. **4236**

2. FULL NAME

(a) Residence, No. **6256** **Gravois** St., **2** Ward.

Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 25-1878**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 7 - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **home**

10. Date deceased last worked at this occupation (month and year) **40** 11. Total time (years) spent in this occupation **7**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

13. NAME **John McDonald**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Rensselaer Ohio**

15. MAIDEN NAME **Margaret Burns**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chillicothe Ohio**

17. INFORMANT (ADDRESS) **Steadman Cunningham**
6256 Gravois

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **April 27, 34**

19. UNDERTAKER (ADDRESS) **Henry L. Weidemann**
6203 Gravois Ave

20. FILED **APR 26 1934** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 24, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 30 - 1934** to **Apr - 24**, 1934

I last saw h. **af** alive on **apr 24 - 1934**. Death is said to have occurred on the date stated above, at **8:30 p.m.**

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

107A **107A**
12. Pneumonia
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

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

Manner of injury
Nature of injury

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

(Signed) **Dr. Maurice A. Frankenthal**, M. D.
(Address) **1125 1/2 Bell 4500 Olive St.**

Dr. J. W. H. H. H. H.

John W. H. H.

John W. H. H.