

APR 9 1937

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

Do not use this space.

10471

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hospital No. 2**) St. **11** Ward **3044**

2. FULL NAME **John Cunningham**

(a) Residence, No. **3923 Finney** St. **11** Ward **3044**
(Usual place of abode) (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

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 10, 1873**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
37	63	10	11	6

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

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

13. NAME **John Jesse Cunningham**

14. BIRTHPLACE (CITY OR TOWN) **Virginia** (STATE OR COUNTRY)

15. MAIDEN NAME **Maggie Franklin**

16. BIRTHPLACE (CITY OR TOWN) **Virginia** (STATE OR COUNTRY)

17. INFORMANT **Lula Austin** (ADDRESS) **1011 N. 20th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **3/20/37**

19. UNDERTAKER **E. L. Garner** (ADDRESS) **2829 Washington**

20. FILER **J. T. Bredeck** Registrar

No Phy seen in attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 16, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **3:00 P.M.**

The principal cause of death and related causes of importance were as follows:
Left 2nd Degree Burns of head, neck, and body suffered when he fell on stove and scalded at 3923 Finney Ave at 5:00 AM on Mar. 10, 1937

Other contributory causes of importance:
No burning legs

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **3/10/1937**
Where did injury occur? **St. Louis** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In home**
Manner of injury **See Above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) **Joseph M. Zuercher, M.D.** Deputy Coroner

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.

5292-490

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