

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.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3495**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Lutheran Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
**23 yrs** (Specify whether years, months or days)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6520 Fyler Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME **Clara E. Cunningham** **552**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Herbert** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **11/14/1873**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **5** Days **1** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Allen Michael**

18. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie Causey**

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

16. (a) Informant's own signature **Herbert Cunningham**

(b) Address **6520 Fyler Ave**

17. (a) **Burial** (b) Date thereof **4/18/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Ripley, Ill.**

18. (a) Signature of funeral director **J. J. [Signature]**

(b) Address **2301 Lafayette Ave**  
**APR 17 1940**  
(Date received local registrar) (Signature)

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr.** day **15**  
year **1940** hour **8** minute **15** P. M.

21. I hereby certify that I attended the deceased from **4/11 - 1940**, to **4/15, 1940**  
that I last saw her alive on **4/15, 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia, double, hypostatic, lobar**  
Due to: **108**  
Due to: \_\_\_\_\_

Other conditions: **Phenobarbital Narcosis**  
(Include pregnancy within 3 months of death)  
**Accidental overdose of sleeping**

Major findings: **Of operations powder - not sufficient to cause death**  
Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. J. [Signature]** (M. D. or other) **MD**  
Address **1504 So Grand** Date signed **4/16/40**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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

*Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address. *2301 Lafayette*

**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.**