

To. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **351**  
Registrar's No. **351**

**FILED FEB 25 1941**  
**991**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**3419 Market Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Maybell Sowell-Cunningham**

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. **486-01-5905**

4. Sex **Female**  
5. Color or race **Negro**  
6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Floyd Cunningham**  
6. (c) Age of husband or wife if alive **40 yrs** years

7. Birth date of deceased **June 25 1910**  
(Month) (Day) (Year)

8. AGE: Years **30** Months **14** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Laundress**

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

12. Name **Aaron Sowell**

13. Birthplace **Chesterfield S. Carolina**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Fields**  
15. Birthplace **Chesterfield S. Carolina**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. Ash Sowell**

(b) Address **3419 Market St**  
**Removal** (c) Date thereof **Jan 14 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Kans.**

18. (a) Signature of funeral director **Russell Undt, Co.**  
(b) Address **2752 Pine Street**

19. (a) **JAN 13 1941** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Doo**  
(c) City or town **St. Louis** **1817**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3419 Market St.** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9TH** day **January**  
year **1941** hour **5:55** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Exanguination and laceration of Throat inflicted with a razor at the hand of party or parties**  
Due to **unknown to the Jury; January 9, 1941, at 3419a Market Street, time**  
Due to **undetermined.**

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN **[Signature]**  
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **January 9, 1941**

(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In home.**

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

23. Signature **[Signature]** (M. D. or other) **3**  
Address **[Signature]** Date signed **1/13/41**

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

Russell

**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 Joel Russell

Licensed Embalmer No. 4112

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.**