

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23284**
Registrar's No. **5636**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **H. G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **Life** _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Rose Loretta Cunningham**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **col** 6. (a) Single, widowed, married, divorced _____ (1)

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

7. Birth date of deceased **Jan 5 1937**
(Month) (Day) (Year)

8. AGE: Years **4** Months **6** Days _____ If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

MOTHER FATHER { 12. Name **Austin Cunningham**

13. Birthplace **U.K. MISSISSIPPI**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosetta Mimiam**

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

16. (a) Informant **Tennessee Smiley**

(b) Address **1625 Oppallon ST**

17. (a) **Burial** (b) Date thereof **7-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **3822 Stoddard ST**

19. (a) **JUL 6 1941** (b) **J. F. Bredet**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County _____
(c) City or town **St. Louis Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **911ⁿ 19th ST** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th**
year **1941** hour **2** minute **15** A. 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 **Fracture of skull and subdural hemorrhage of brain, when the automobile in which she was riding and driven by one Willie Poke, Col., was struck by a Plymouth Sedan Driver and owner unknown, about 14 miles south of Sikeston, Missouri, on Highway #61, about 2:15 A.M. July 4, 1941. CAUSE AND MANNER COULD NOT BE DETERMINED.**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: **210**
Of autopsy: _____

PHYSICIAN

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) **Open Verdict**

(b) Date of occurrence **7/4/1941**

(c) Where did injury occur? **14 Mi. so. of Sikeston, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**
(Specify type of place)

(e) Means of injury _____

23. Signature **Thomas F. Callen** (M. D. or other) _____
Address **Deputy Coroner** Date signed **7/7/41**

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

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

[Handwritten signature]

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

[Handwritten signature: Tommie Boyer]

Licensed Embalmer No.

294

P. O. Address.....

[Handwritten address: St. Louis Mo]

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.