

No. 2  
1-4-41  
-17-39

FILED AUG 28 1941

1003

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis, mo  
(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:  
Missouri Pacific Hosp.  
(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) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County 999  
(c) City or town Meridian (If outside city or town limits, write "RURAL") 22  
(d) Street No. 1007 20th, Ave (If rural, give location) 210  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Edward R. Cunningham

3. (b) If veteran, name war No. 3. (c) Social Security No. 7

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Eula Cunningham 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased: February 12 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 5 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shannon Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Conductor

11. Industry or business Railroad G. M. & O.

12. Name Wm. Cunningham  
13. Birthplace South Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathryn Redus  
15. Birthplace Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Cunningham  
(b) Address Meridian Miss

17. (a) Removal (b) Date thereof 7/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Meridian Miss.

18. (a) Signature of funeral director Robert J. Ambruster  
(b) Address 6633 Clayton Road

19. (a) JUL 28 1941 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1941 hour 10 minute 15 P.M.  
21. I hereby certify that I attended the deceased from July 19, 1941  
19 \_\_\_\_\_ to July 27, 1941 19 \_\_\_\_\_  
that I last saw him alive on July 27 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Carcinoma of liver  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy H&K  
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) \_\_\_\_\_  
(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 Wm. S. Cron (M. D. or other) 0  
Address 1007 20th Ave Date signed 7/26

*Saint Hotel*  
*Room 707*

*J. D. M.*

**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..... *Robert Emberton*  
Licensed Embalmer No. *1891*  
P. O. Address..... *H. Paris*

**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.**