

4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26193

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 17

Registrar's No. 1552

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

1. PLACE OF DEATH:

(a) County... St. Louis
(b) City or town... St. Webster Groves
(c) Name of hospital or institution: 1042 Kuhlman Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... years, months or days

3. (a) PRINT FULL NAME KATHERINE CUNNINGHAM

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

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

6. (b) Name of husband or wife Patrick 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Aug. 15 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Meylor

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Foley

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

16. (a) Informant VINCENT CUNNINGHAM
(b) Address 1042 Kuhlman Lane

17. (a) Burial (b) Date thereof 7-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Bernard Nichols
(b) Address 1431 Union Blvd.

19. (a) JUL 25 1941 (b) [Signature]
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County Jackson
(c) City or town... Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 1042 Kuhlman Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1941 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 7-20-41, 1941
that I last saw her alive on 7-20-41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death...

Myocardial Infarction

Due to 93d

Other conditions... (Include pregnancy within 3 months of death)

Major findings: Of operations

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) _____
(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 [Signature] (M. D. or other)
Address Webster Groves Date signed 7-25-41

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.....

Licensed Embalmer No.....

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.