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FILED SEP 17 1941 791
Registration District No. _____

Primary Registration District No. _____

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 4350 - Laclede
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 weeks
years, months or days)

3. (a) PRINT FULL NAME Joseph Cunningham

3. (b) If veteran, name war nil 3. (c) Social Security No. 352-91-746

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

6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 4 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Building Construction

12. Name Patrick Cunningham

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Giblin

15. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Josephine Cunningham

(b) Address 4350 E Laclede

17. (a) Burial (b) Date thereof Aug 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director McLennan Bros

(b) Address 5046 Delmar

19. (a) AUG 9 1941 (b) J. F. Bede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4350 - Laclede
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

no attending physician

20. DATE OF DEATH: Month August day 8th
year 1941 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Cirrhosis of Liver.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

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 Thomas F Callanan (M. D. or other) _____

Address Deputy Coroner Date signed 8/9/41

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

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

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.