No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39471

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 23021

1. PLACE OF DEATH:

(a) County Mo St. Louis

(b) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo Louis

(c) City or town MAPLEWOOD
(If outside city or town limits, write "RURAL")

(d) Street No. 2625 OAK VIEW TERRACE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELLA R. CUNNINGHAM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife PATRICK J. CUNNINGHAM

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JULY 25 (Month) (Day) 1855 (Year)

8. AGE: Years 86 Months 3 Days 18 If less than one day hr. min.

9. Birthplace NEW YORK (City, town, or county) / (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name RUBIN ROBINSON
13. Birthplace NEW YORK (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name ELLEN BEACH
15. Birthplace NEW YORK (City, town, or county) / (State or foreign country)

16. (a) Informant Katherine Pasquier
(b) Address 2628 Oak View Terrace

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director L. Mullen Mud Co
(b) Address 5165 Delmar Blvd.

19. (a) NOV 14 1941 (Date received local registrar) (b) E. S. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1941 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 1, 1940, to Nov 13, 1941; that I last saw her alive on Nov. 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Left Heart Failure — Duration 1 day

Due to Arteriosclerotic Heart Disease & Hypertensive CVR Disease — Years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131

Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. C. Brennan M.D. (M. D. or other)

Address 539 N. Grand Date signed 11/13/41

(Licensed Embalmer's Statement on Reverse Side)

7316 [illegible]

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 S. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.