

LED JUL 13 1942

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Emory City Hosp. # 1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 1/2 years
years, months or days

3. (a) PRINT FULL NAME Reiny Cunningham
3. (b) If veteran World War I name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife She Cunningham 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 26, 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 0 If less than one day _____ hr _____ min.

9. Birthplace Flat River Mo
(City, town or county) (State or foreign country)

10. Usual occupation Motor Inspector

11. Industry or business _____

12. Name Robert Cunningham
13. Birthplace Unknown Mo
(City, town or county) (State or foreign country)
14. Maiden name Alice Durley
15. Birthplace Unknown Mo
(City, town or county) (State or foreign country)

16. (a) Informant She Cunningham

(b) Address 5049 1/2 Devonshire Ave

17. (a) Rural (b) Date thereof 6-29-42
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Cemetery

18. (a) Signature of funeral director Joseph J. [unclear]
(b) Address 2228 St. Louis Ave

19. (a) JUN 28 1942 (b) J. J. [unclear]
(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. 2401 1/2 Coleman St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1942 hour 6 minute 00 P.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
Coronary Thrombosis

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 Motor

23. Signature James J. [unclear] (M.D. or other) _____

Address 1306 Elder St Date signed 6/28/42

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.....

Charles Goodrich

Licensed Embalmer No.....

P. O. Address.....

*7777
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.