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5-17-44
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22364
Registrar's No. 1450

JUN 25 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS COUNTY
(b) City or town St. Ferdinand Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution D.O.A. ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community D.O.A. ST. LOUIS COUNTY
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS
(c) City or town RIVERVIEW GARDENS, ST. LOUIS Co.
(If outside city or town limits, write "RURAL")
(d) Street No. 10031 STERLING DRIVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 19

3. (a) PRINT FULL NAME RAYMOND F. CUNNINGHAM
(b) If veteran, name war _____ (c) Social Security No. 48098720

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 20
year 1943 hour 8:15 minute P M.

4. Sex M SINGLE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 20, 1910
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
33 4 60 hr. min.

Immediate cause of death Struck by lightning while playing ball. Duration _____

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

Due to Multiple burns of back, neck, head and extremities.
Due to _____

10. Usual occupation MACHINIST

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

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER { 12. Name DENNIS F. CUNNINGHAM
13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)
14. Maiden name JULIA REARDON
15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

Of autopsy Yes

16. (a) Informant MRS. MARGARET POTH
(b) Address 10031 STERLING DRIVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) BURIAL (b) Date thereof 2-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 096
(b) Date of occurrence June 20, 1943

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

(c) Where did injury occur? Spanish Lake
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? _____ (e) Means of injury _____

19. (a) JUN 22 1943 (b) C. J. McLaughlin
(Registrar's signature)

23. Signature Arthur J. Donnelly (City, town, or county)
Address Kirkwood, Mo. 6-21-43 Date signed

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.