

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33005**

Registrar's No. **9027**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hosp.
(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)

3. (a) PRINT FULL NAME..... **Tulis Cunningham**
3. (b) If veteran, name war.....
3. (c) Social Security No. **488-07-8574**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Mary E.**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased..... **Feb. 22 1881**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **19**
If less than one day hr. min.

9. Birthplace..... **Dyer Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Office Clerk**

11. Industry or business..... **International Shoe Co.**

MOTHER FATHER

12. Name..... **Wm. Cunningham**
13. Birthplace..... **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Janie Holt**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mary E. Cunningham**

(b) Address..... **6123 Kingsbury Ave**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof..... **Oct. 14, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cem.**

18. (a) Signature of funeral director..... **Jay B. Smith.**

(b) Address..... **7456 Manchester Ave Maplewood, Mo.**

19. (a) **OCT 13 1943** (b) **J. J. Predek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County..... **5009**
(c) City or town..... **St. Louis, City**
(If outside city or town limits, write "RURAL")
(d) Street No. **6123 Kingsbury**
(If rural, give location)
(e) Citizen of foreign country? **YES.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct.** day..... **11th**
year..... **1943** hour..... **2.45 P.M.** minute..... **M.**

21. I hereby certify that I attended the deceased from..... **March 1941**
..... **1941** to..... **Oct 11**..... **1943**
that I last saw him alive on..... **Oct 11**..... **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary myocardial cerebral embolus

Due to.....
arterio sclerosis

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

Major findings:
Of operations.....
Of autopsy.....

Duration

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..... **Wm B. K... (M. D. or other)**
Address..... **4100 Olive** 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 W. Gibson

Licensed Embalmer No. 3454

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.