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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1943

State File No. 36261
1043

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 27 years years, months or days)

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. 315 So. Garrison
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Felix Cunningham

3. (b) If veteran, name war No

3. (c) Social Security No. No Card

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March, (Month) 10, (Day) 1883 (Year)

8. AGE: Years 60 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Aberdeen, (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name Sam Cunningham
13. Birthplace Aberdeen, (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Jennie ?
15. Birthplace Aberdeen, (City, town, or county) Miss. (State or foreign country)

16. (a). Informant Elizabeth Dawson
(b) Address 315 So. Garrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton, Ave.

19. (a) NOV 23 1943 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24, year 1943 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from November 16, 1943 to November 24, 1943; that I last saw him alive on November 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia (Autopsy)	10 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 B. C. Smith (M. D. or other)
Address 260, Webster Date signed 11/26/43

(Licensed Embalmer's Statement on Reverse Side)

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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.