S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22919

FILED JUL 21 1948

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 6265

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:
Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 911
(If outside city or town limits, write "RURAL") 1

(d) Street No. 4240 W St Ferdinand
(If rural, give location)

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

3. (a) PRINT FULL NAME Ahnie Cunningham

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 22nd (Day) 1870 (Year)

8. AGE: Years 73 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Helena (City, town, or county) Ark. (State or foreign country)

10. Usual occupation housework

11. Industry or business at home

FATHER
12. Name John Richardson
13. Birthplace Helena (City, town, or county) Ark. (State or foreign country)

MOTHER
14. Maiden name Matilda Brown
15. Birthplace Helena (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Rosie Cunningham
(b) Address 4240a W.St Ferdiand ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W.Roberts
(b) Address 1416 N.Taylor ave

19. (a) JUL 14 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1944 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 8, 1944, to July 12, 1944 that I last saw her alive on July 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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:
(c) 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 O

23. Signature Alva Moore (M. D. or other)
Address 2601 N Whittier Date signed 7/13/44

(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 E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13 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.