

FILED JAN 31 1945
Registration District No. 318

Primary Registration District No. _____

1003

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

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 9 days (Specify whether _____)

In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME Frank Cunningham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 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 _____

7. Birth date of deceased May 31 1879
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lawyer

11. Industry or business _____

12. Name Patrick Cunningham

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Horan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame

(b) Address 5600 Arsenal

17. (a) Burial (b) Date thereof 1-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathedral of Our Lady

18. (a) Signature of funeral director Arthur J. Russell

(b) Address 3840 Lindbergh Blvd.

19. (a) JAN 18 1945 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Calhoun

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

(d) Street No. 212 1/2 N. 6th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1945 hour 12 minute 35 P.M.

21. I hereby certify that I attended the deceased from 1-7-45
19____, to 1-16-45, 19____;
that I last saw him alive on 1-16-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia Duration 3 weeks

Due to _____

Due to _____

Other conditions pneumococcus meningitis, uremia 2 weeks

Major findings:
Of operations _____

Of autopsy pneumococcus meningitis; bronchopneumonia

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 G. J. Russell (M. D. or other) M.D.

Address 5600 Arsenal St. Date signed 1/18/46

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 Russell

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.