

V. S. No. 2
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Rev. 5-17-39
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14278

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7

Registrar's No. 920

Registration District No. 317

Primary Registration District No. 3068

13178
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether years, months or days) 65 years

3. (a) PRINT FULL NAME AMELIA M. CUNNINGHAM
3. (b) If veteran, name war _____ 3. (c) Social Security* No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Patrick Cunningham
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased May 13, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>10</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Charles Schroeck
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emilie Dierberger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ralph Seuel
(b) Address 2000 Bellevue, Maplewood, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) 4-26-46 (b) Ed M. Dorman, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2200 Bredell
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Nov. 26
1945 to April 22, 1946
that I last saw her alive on April 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 2 days
Due to Cerebral hemorrhage
Hypertension
Due to Arteriosclerosis
Other conditions glauc
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury g
23. Signature J. Sterling M.D. (M. D. Over) 8
Address 7266 Manchester Date signed 4-24-46

JUN 27 1948

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 *Delis J. Krupin*
Licensed Embalmer No. 3497
P. O. Address 1936 St Louis

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.