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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

Registration District No. 3 / 7

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

7241

State File No. 0

Registrar's No. 283

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1378 Montclair Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Nancy Addie Cunningham

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Henry Cunningham

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

7. Birth date of deceased July (Month) 21 (Day) 1871 (Year)

8. AGE: Years 75 Months 6 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name William Stuart 9
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Homer Maxwell

(b) Address 1378 Montclair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 2-10-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1947 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 17, 1943, to Feb. 6, 1947;
that I last saw her alive on Feb. 6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive arteriosclerotic cardio-vascular-renal disease	Uncertain
~~Due to~~ c̄ terminal uremia	2 wk.
Due to 131 0	
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 0

23. Signature Melvin J. Huber (M. D. or other) .....

Address 634 N. Grand (3) Date signed 2-7-47

(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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.