

No. 2
-12-45
-5-17-39
1 X47070

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

FILED MAY 9 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1354**

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:
2826 Russell Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
32 years)

In this community.....
years, months or days)

3. (a) PRINT FULL NAME ROSE E. CUNNINGHAM

3. (b) If veteran, name war..... Nil

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced S 0

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

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

7. Birth date of deceased October 2, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 6 15 hr. min.

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

10. Usual occupation sales clerk
retired

11. Industry or business.....

12. Name Isaac Cunningham

13. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Byington

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Cunningham

(b) Address 2826 Russell Blvd.

17. (a) burial (b) Date thereof 4-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 29 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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. 2826 Russell Blvd
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from May 8
10, 1946, to April 17, 1947
that I last saw her alive on April 17, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic Cardio-Vascular-Renal Disease 5 yrs.

Due to usual

Due to.....

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None

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?

While at work?..... (Specify type of place) 0

(e) Means of injury.....

23. Signature Leon G. Hale (M. D. or other) M.D.
Address 1504 So. Grand Blvd. Date signed 4-19-47

1957

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 *J.P. Cooper*
Licensed Embalmer No. *9633*
P. O. Address *201 Hazlett*

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.