

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 ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2224 1/2 DICKSON ST. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARtha CUNNINGHAM

3. (b) If veteran, name war W

3. (c) Social Security No. _____

4. Sex F 5. Color or race C

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

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

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

7. Birth of deceased 11 21 1911
(Month) (Day) (Year)

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

<u>35</u>	<u>7</u>	<u>21</u>	hr. min.
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9. Birthplace OKALONA MISS
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name JERRY PERRY

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

14. Maiden name MAMIE DAVIS

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

16. (a) Informant Mamie Davis

(b) Address 2224 1/2 Dickson St

17. (a) BURIAL (b) Date thereof 7-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD cem

18. (a) Signature of funeral director A. J. Walker

(b) Address 2209 1/2 5th

19. (a) 7-18-47 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2224 1/2 DICKSON ST
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 12
year 1947 hour 8 minute 45 PM

21. I hereby certify that I attended the deceased from June 1947
to July 12, 1947
that I last saw her alive on July 12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Medical Insufficiency 2nd

Duration _____

Due to _____

Due to _____

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? _____

While at work? _____
(Specify type of place)

Means of injury _____

23. Signature J. F. Aldrich (M. D. or other) _____
Address 2205 1/2 Franklin Date signed 7-18-47

8/1

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 Arthur L. Hollbard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.