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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35629  
Registrar's No. 9396

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 Mo  
(b) City or town St. Louis  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street, number or location)  
(d) Length of stay: In hospital or institution 1 yr - 25 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MARVIN Louis CUNNINGHAM  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 31, 1920  
(Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 10 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name HENRY CUNNINGHAM  
13. Birthplace Arlington Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Boardman  
15. Birthplace Princeton Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Cunningham  
(b) Address Sikeston, Missouri

17. (a) Burial (b) Date thereof 10-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) OCT 10 1947 (b) J. A. Brebeck  
(Date received local relative) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Scott  
(c) City or town SIKESTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 721 GLADYS  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 10  
year 1947 hour 1 minute 20 A.M.  
21. I hereby certify that I attended the deceased from Sept 16, 1946 to Oct 10, 1947  
that I last saw him alive on Oct 10, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death PERINEPHRIC ABSCESS  
Due to RHEUMATOID ARTHRITIS  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 123  
Major findings: Of operations \_\_\_\_\_  
Of autopsy AS ABOVE

Duration  
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) (c) Means of injury 0  
23. Signature J. R. Bradley (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 10/9/47

**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 *Elmer 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.**