S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2406

Registrar's No. 104

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community Life

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. 4200 Cook
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Isaac Cunningham
3. (b) If veteran, name war ---
3. (c) Social Security No. 489-14-1865
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lizzie
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased July (Month) 23d (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	11	hr. min.

9. Birthplace Festus (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Janitor
11. Industry or business ---
FATHER
12. Name John L. Cunningham
13. Birthplace Unavailable (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Eliza Poston
15. Birthplace Unavailable (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Bertha Grant
(b) Address 4200 West Cook Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) JAN 5 1948 (Date received local registrar) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1948 hour 8 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec. 22 1947 to Jan. 4 1948
that I last saw him alive on Jan. 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Esophagus	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pyelonephritis	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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
23. Signature Oscar L. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 1/5/48

Jefferson City Printing Co.

(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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney 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.