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#88153
FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27622
Registrar's No. 7595

FILED SEP 13 1948
Registration District No. 018

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, Mo.

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If outside city or town limits, write "RURAL" and name of township)

(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 600

(c) City or town St. Louis 17

(d) Street No. 4967 Leahy 9
Memorial (If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH CUNNINGHAM

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color of race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MAR 8 1964
(Month) (Day) (Year)

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

84 5 21 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN FRANK 4

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

14. Maiden name UNKNOWN

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

16. (a) Informant JOHN WARD

(b) Address 4967 LEAHY

17. (a) BURIAL (b) Date thereof SEPT 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director STRAUT CARROLL

(b) Address 4600 NAT'L BRIDGE

19. (a) AUG 30 1948 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th

year 1948 hour 3 minute 02 A. M.

21. I hereby certify that I attended the deceased from 7/24/48 to Aug. 29th 1948

and that death occurred on the date and hour stated above.

that I last saw her alive on Aug. 29th 1948

Immediate cause of death Acute Coronary Duration _____
decomposition

Due to Arteriosclerotic heart disease

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 8 months of death) None

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? No. (Specify type of place) _____
Means of injury M.D.

23. Signature 1515 Lafayette 8/30/48
Address Date signed

FEB 23 1950

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

Bert Hoffman

Licensed Embalmer No.

4366

P. O. Address

St. Louis, Mo

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.