

FILED SEP 7 1948

Registration District No. 297

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 283761

Registrar's No. 2006

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Cunningham, Baby Girl

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Aug. 24 1948
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
		<u>1</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name ROBERT S. CUNNINGHAM

13. Birthplace Casper Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY FINALEY

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

16. (a) Informant HOSPITAL RECORDS

(b) Address 601 So. BRONTWOOD

17. (a) Funeral (b) Date thereof 8-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wal Hee Cemetery

18. (a) Signature of funeral director Sheldon Collier

(b) Address 10123 St. CHARLES Rd.

19. (a) 8-25-48 (b) Carl A. Z. Stamm, M.D.
(Date received local registrar) (Registrar's signature) (M.D.)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

(c) City or town Bridgeton
(If outside city or town limits, write "RURAL")

(d) Street No. St. THOMAS St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24
 year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 23
1948, to Aug. 24, 1948

that I last saw her alive on Aug. 24, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 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) (e) Means of injury

23. Signature Warman Harkin (M. D. or other) _____
 Address St. Louis County Hosp Date signed _____

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 *No Embalmer*.....

Licensed Embalmer No.....

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.