

No. 300  
10-48

FILED APR 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13690

State File No. ....

318

1003

Registrar's No. 3153

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3153</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. LENGTH OF STAY (in this place) <b>1 1/2</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>1936 A. Hebert St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>Hy.</b>		c. (Last) <b>Cunningham</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 6 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sep 30, 1918</b>		9. AGE (In years) (last birthday) <b>30</b> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Montgomery City Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Patrick Hy Cunningham</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Kerwin</b>			14. NAME OF HUSBAND OR WIFE <b>Helen Mary Cunningham</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>world War 2</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Mary Cunningham</b>		ADDRESS <b>1936 a. Hebert St.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>Fracture of skull</b>				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES <b>Brain Injury</b>				DUE TO (b) <b>Time, place, cause and manner of same could not be determined</b>			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <b>Time, place, cause and manner of same could not be determined</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Open Fracture</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at work</b>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>over</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:30 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Patrick E Taylor Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4-7-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr II 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Mary's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 7 1949</b>		REGISTRAR'S SIGNATURE <b>J B Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stuart Carrell 4600 Nat'l. Bldge</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

20  
26

1949  
2 NOV

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

*J. Allen Dennis*  
.....  
Licensed Embalmer No. *1453*  
.....

P. O. Address.....

*St. Louis*  
.....

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.