

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1949

42395

State File No.

10694

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

I. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) **23 yrs**
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital** d. STREET ADDRESS (If rural, give location) **22 2816 Bernard St.**

3. NAME OF DECEASED a. (First) **Joe** b. (Middle) _____ c. (Last) **Cunningham** **4. DATE OF DEATH** (Month) (Day) (Year) **Dec. 11 1949**

5. SEX **Male** **6. COLOR OR RACE** **Col.** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **Mar. 2, 1895** **9. AGE** (In years last birthday) **54** IF UNDER 1 YEAR Months **9** Days **9** IF UNDER 11 HRS. Hours **9** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Ice Maker** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (State or foreign country) **Egypt Miss** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Nick Cunningham** **13b. MOTHER'S MAIDEN NAME** **Unknow** **14. NAME OF HUSBAND OR WIFE** **Lena Cunningham.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** **499-10-0695** **17. INFORMANT'S SIGNATURE OR NAME** **Lena Cunningham** **ADDRESS** **2816 Bernard**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchogenic Carcinoma**
INTERVAL BETWEEN ONSET AND DEATH **Undet.**
ANCECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Undetermined**
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **None**

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **St. Louis Mo. H7C**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **162X**

22. I hereby certify that I attended the deceased from **11-20**, **19 49**, to **12-11**, **19 49**, that I last saw the deceased alive on **12-11**, **19 49**, and that death occurred at **3:25 p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) **J. B. Swartz D.** **23b. ADDRESS** **2601 N Whittier St** **23c. DATE SIGNED** **12-12-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Dec. 15, 1949** **24c. NAME OF CEMETERY OR CREMATORY** **Greenwood Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **DEC 12 1949** **REGISTRAR'S SIGNATURE** **J. B. Swartz** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wright's Funeral Home** **ADDRESS** **3100 Easton Ave.**

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Student
Student Embalmer

Signed

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.