

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34955

318

1003

State File No. 9181
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 9181		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis, MO.)			c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Gerald MO. 0360				d. STREET ADDRESS Gerald MO. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers.				3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) Elax Cunio.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1951.				
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed Wic ✓		8. DATE OF BIRTH July 14, 1871.		9. AGE (In years last birthday) 80		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Italy 5			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Marion Cunio			13b. MOTHER'S MAIDEN NAME Phillips			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sidney Cunio				ADDRESS Farmington Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none						INTERVAL BETWEEN ONSET AND DEATH 10 days unknown		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X						
22. I hereby certify that I attended the deceased from 10-10, 1951, to 10-17, 1951, that I last saw the deceased alive on 10-16, 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.										
23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____				23b. ADDRESS 16 Hampton Village Plaza			23c. DATE SIGNED 10-17-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Owensville Mo.		24d. LOCATION (City, town, or county) Owensville Mo. (State)				
DATE REC'D BY LOCAL REG. 10/17/51		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> 1389 Union Bl'vd.					

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

622-7-322

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.....

Gerald Yuhke

Licensed Embalmer No. 3917

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.