No. 300
10-48

FILED AUG 6 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27220

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1983

4007

**1. PLACE OF DEATH**
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 15 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 508-W-SUBURBAN

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES 4597
d. STREET ADDRESS (If rural, give location): 508-W. SUBURBAN-AVE

**3. NAME OF DECEASED** (Type or Print) a. (First) b. (Middle) c. (Last): JAMES PETER CUNNINGHAM

**4. DATE OF DEATH** (Month) (Day) (Year): 7-18-1953

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: JULY-28-1866
**9. AGE** (In years last birthday): 86 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: MOTOR TRASPORTATION
**11. BIRTHPLACE** (City and State or Foreign Country): KEMPER ILLINOIS
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: JOHN CUNNINGHAM
**13b. MOTHER'S MAIDEN NAME**: UNK. FLYNN
**14. NAME OF HUSBAND OR WIFE**: JULIA CUNNINGHAM

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: JOHN CUNNINGHAM — ADDRESS: WEBSTER GROVES

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Arteriosclerosis

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4221
**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)

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

22. *I hereby certify that I attended the deceased from* 6/4, 1950, *to* 7/13, 1953, *that I last saw the deceased alive on* 7/13, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles C. Drace Jr. MD
**23b. ADDRESS**: 19 E. Lockwood
**23c. DATE SIGNED**: 7/18/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: JULY-20-1953
**24c. NAME OF CEMETERY OR CREMATORY**: ST. XAVIER-JERSVILLE-ILL
**24d. LOCATION** (City, town, or county) (State): JERSEYVILLE, ILL. ILL.

**DATE REC'D BY LOCAL REG.**: 7-19-53
**REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Parker Aldrich Fun Home Webster Groves MO

52W (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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.