

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1954

State File No. **44143**
Registrar's No. **11811**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 Mo.		- d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. John's Hospital		e. STREET ADDRESS (If rural, give location) 6520 Fyler Ave., 2039	
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Ann c. (Last) Cunningham		4. DATE OF DEATH (Month) (Day) (Year) Dec. 13 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 26, 1894
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) / Athens, Texas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Cicero F. Simons		13b. MOTHER'S MAIDEN NAME Frances Knight	
14. NAME OF HUSBAND OR WIFE Herbert T. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert T. Cunningham, 6520 Fyler 9	
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from 10-3, 1953, to 12-13, 1953 , that I last saw the deceased alive on 12-12, 1953 , and that death occurred at 6:10 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) John J. Heimeister M.D.		23b. ADDRESS 234 N. Grand	
23c. DATE SIGNED 12/14/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Dec. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Horlmeister Colonial Mortuary, 6164 Chippewa St. St. Louis 9, Mo.	
DATE REC'D BY LOCAL REG. DEC 15 1953		REGISTRAR'S SIGNATURE Carl Smith M.D. mjs	

Dr. John Hammond
No. Theatre Bldg.
1;30 on

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.....
Signature of Student Embalmer

Signed *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *7814 Broadway*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of } ss.

State File No. 44/43/3
Local Registrar's No. 11811

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30 day of December, 1953, before me appears H. T. Cunningham, who, upon his oath, states that the original record of ^{birth}~~death~~ for Bertha Ann Cunningham ^{died}~~born~~ December 13, 1953, 19....., in the State of Missouri, and which was filed at St. Louis, Mo., on 12-15-1953, should be corrected as follows:

Item No. 8 should read April 21, 1894

Instead of April 20, 1891

Item No. should read age 59

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant H. T. Cunningham Relationship Husband

6520 Fyler Ave. St. Louis, Missouri
Present Address.

Subscribed and sworn to before me this 30 day of December 1953.

My Commission Expires May 19, 1954
My Commission expires Ma J. O. Connor Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

