

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6062  
1605

State File No. ....  
Registrar's No. ....

FILED MAR 8 1954

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

|  |                                    |  |  |
|--|------------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>MISSOURI</b><br>b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>ST. LOUIS</b>  |                                    | c. CITY OR TOWN <b>ST. LOUIS</b>   |  |
| c. LENGTH OF STAY (In this place)  |                                    | d. Is Residence within limits of a city or incorporated town?<br>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)<br><b>4422 Cote Brilliante Ave.</b>   |                                    | e. STREET ADDRESS (If rural, give location)<br><b>4422 Cote Brilliante Ave.</b>  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Jesse</b>   |                                    | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 18 1954</b>   |  |
| a. (First)   |                                    | b. (Middle)  |  |
| c. (Last)<br><b>Cunningham</b>   |                                    |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Colored</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>Jan. 15, 1852</b>     |
| 9. AGE (In years last birthday)<br><b>102</b>  |                                    | IF UNDER 1 YEAR<br>Months <b>1</b>   | IF UNDER 24 HRS.<br>Days <b>3</b> Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |                                    | 10b. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Mississippi</b>   |                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |  |
| 13a. FATHER'S NAME<br><b>London Cunningham</b>   |                                    | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |  |
| 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)<br><b>No</b>  |                                    | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Nona Goodwin</b>   |                                    | ADDRESS<br><b>4422 Cote Brilliante Ave</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Senility</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |                                    | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                    |  |  |
| 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) (Min.)   |                                    | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR?<br><b>4500</b>  |                                    |  |  |
| 22. I hereby certify that I attended the deceased from <b>2-17-1954</b> to <b>2-18-1954</b> that I last saw the deceased alive on <b>2-17-1954</b> and that death occurred at <b>1:55 p.m.</b> , from the causes and on the date stated above. |                                    |  |  |
| 23a. SIGNATURE (Degree or title)<br><b>J. A. Hill M.D.</b>   |                                    | 23b. ADDRESS<br><b>1417 Franklin St. St. Louis Mo.</b>   |  |
| 23c. DATE SIGNED<br><b>2-18-54</b>   |                                    |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                    | 24b. DATE<br><b>Feb. 22, 1954</b>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>   |                                    | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Mo.</b>   |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><b>FEB 18 1954</b><br><b>J. Carl Smith M.D.</b>   |                                    | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>J. H. RANDLE &amp; SON 3133 Bell Ave.</b>   |  |

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.....  
Signature of Student Embalmer

Signed *S J Hester*.....

Licensed Embalmer No. *269*.....

P. O. Address *2769 Ch...*.....

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.