

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045345

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration No. 318

Primary Registration District No. 1003

Registrar's No. 11616

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC - 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b LIFE	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 4906 ALDINE PLACE
3. NAME OF DECEASED (Type or print) First Middle Last CARL ROBERT CUNNINGHAM			4. DATE OF DEATH Month Day Year NOVEMBER 20, 1963
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/90
9. AGE (last birthday) 72		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) Painter (retired)		10b. KIND OF BUSINESS OR INDUSTRY PULLMAN SHOP	11. BIRTHPLACE (City and state or country) DE SOTA, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME ELIZA CALDWELL		14. NAME OF HUSBAND OR WIFE IDA BELLE CUNNINGHAM	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) YES WW I		16. Y NO. 110	17. INFORMANT Address Ella K. Johnson, 2505 Hodiament
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Congestive Heart Failure DUE TO (c) Syphilitic Heart Disease with Aortic Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 2 wks 1 yr 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 023X			PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year -a.m. -p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1957 to 11/20/63 and last saw him alive on 11/20/63 (Death occurred at 9 PM on the date stated above, and to the best of my knowledge, from the causes stated.)			
22a. SIGNATURE (Degree or title) John B. Shepley, M.D.		22b. ADDRESS 3720 Washington, St. Louis, Mo.	22c. DATE SIGNED 11/22/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/26/63	23c. NAME OF CEMETERY OR CREMATORY Walton Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri, Mo.
24. FUNERAL DIRECTOR Charles J. Gates, Jr., 4107 Finney		25. DATE RECD. BY LOCAL REG. NOV 25 1963	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 *Gupton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.