

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11891
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township..... Primary Registration District No. 4464 Registered No. 35
(c) City St. Ann (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S. of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME Mary Esther Beique Cunningham
(a) Residence, No. Patton Street St. St. Ann
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Tom Cunningham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1863
7. AGE YEARS 78 MONTHS DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone mason
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) March 1941 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village Mo.
13. NAME Napoleon Beique
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
15. MAIDEN NAME Emily Ambrose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Village Mo.
17. INFORMANT (ADDRESS) Dr. J. P. Goffe, 2000 W. 1st St. St. Ann
18. BURIAL, CREMATION, OR REMOVAL PLACE Park View Cem. DATE March 9 - 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arrington and Co. St. Ann
20. FILED March 8, 1941 B. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1941
22. I HEREBY CERTIFY, That I attended deceased from July 24, 1941, to Nov 7, 1941
I last saw him alive on Nov 6, 1941. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset 10/8
Other contributory causes of importance:
Chronic Bronchitis
Chronic Nephritis
Name of operation Date of
What test confirmed diagnosis Chloral Was there an autopsy no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) R. Appleberry M. D.
(Address) St. Ann
Foreman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-X1023

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,

[Handwritten signature]

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

C. Hugo Cozart

Licensed Embalmer No.....

4084

P. O. Address.....

Farmington 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, above space should be left blank.