S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 31387

Registration District No. 567 Primary Registration District No. 6076 Registrar's No. 1982

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mount St. Rose, 9101 S. Broadway (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francis
(c) City or town Farmington (If outside city or town limits, write "RURAL")
(d) Street No. General Delivery (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Earl Ellis Cunningham
3. (b) If veteran, name war
3. (c) Social Security No. Nil

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marcella
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct. (Month) 2 (Day) 1905 (Year)

8. AGE: Years 40 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Frederick Town (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Hospital Attendant
11. Industry or business

MOTHER FATHER
12. Name Marvin Cunningham
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Myrtle Hunt
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Marcella Cunningham
(b) Address Farmington, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/24/46 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.
18. (a) Signature of funeral director Chas. Cozean
(b) Address Farmington, Mo.
19. (a) 9-25-46 (Date received local registrar) (b) Ruth L Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 1946 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 5, 1946, to 9-24, 1946; that I last saw h alive on 9-23, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Adv. Pulm. Tuberculosis	over 3 yrs
Mixed empyema	8 mo.
Due to: Tuberculous enteritis	3 mo.
Due to: Coronary Occlusion due to	25 min.
Arteriosclerotic Heart Disease	uncertain
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Masao Ohmoto M.D. (M. D. or other)
Address 9101 So. Broadway Date signed 9-24-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lyn E Campbell

Licensed Embalmer No. 3881

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.