JAN 14 1935

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

Do not use this space.

45007

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. 4066 Concordia Ave. St. ..... Ward)

File No. ..... Registered No. 12160

2. FULL NAME Alice Cunningham.

(a) Residence, No. 4066 Concordia Ave. St., ... Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Runy Cunningham.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 26, 1853.

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

FATHER

13. NAME: Zachriah Turley.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

MOTHER

15. MAIDEN NAME: Carolina Renson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

17. INFORMANT: Runy Cunningham.
(ADDRESS) 4066 Concordia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE Dec, 26, 1934

19. UNDERTAKER: Allen W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED JAN 24 1935, 19..... Jos. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 —, 1934, to Dec 23, 1934.

I last saw h. alive on DEC 23, 1934. Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Pneumonia	Dec 10, 34
Hypostatic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Truman J. Metler, M. D.

(Address) 4114 W. Pine

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33