

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1092
Registrar's No. 238

FILED JAN 20 1944 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
in this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 12
(d) Street No. 1911 Dickson
(If rural, give location) 621
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rand Turner

3. (b) If veteran, name war ✓ 3. (c) Social Security No. L

4. Sex M 5. Color or Race C 6. (a) Single, widowed, married, divorced divorced husband
6. (b) Name of husband or wife Corrie Turner 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug 15 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Mo. C. 1
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER { 12. Name unknown unknown
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Adolis Charleston

(b) Address 311 1/2 W. Harrison

17. (a) Burial (b) Date thereof 1 8 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Elm

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Standard St

19. (a) JAN 10 1944 (b) J. J. Brennan
(Date received local registrar's copy) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 27, 1943 to January 2, 1943;
that I last saw him in alive on January 2, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration Terminal

Due to Arteriosclerosis Chr. Nephritis Unk. Unk.

Due to 131

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature S. E. Smith (M. D. or other) 0

Address 2601 Whittier Date signed 1/3/44

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

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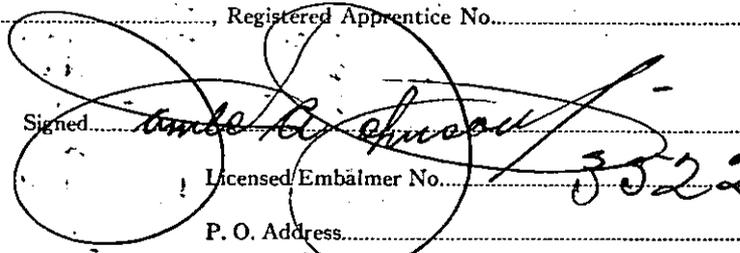
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STATEMENT BY LICENSED EMBALMER

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.....



Amber A. Shuman

Licensed Embalmer No.....

3522

P. O. Address.....

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.