No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11624
3100

FILED MAR 31 1947 318
Registration District No. 1
Primary Registration District No. 1003
Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOS.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3925 WINNEBAGO
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Turner, Margaret
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race W
6. (a) ~~Single~~, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN W. TURNER
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY (Month) 21 (Day) 1888 (Year)
8. AGE: Years 58 Months 8 Days 1 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
MOTHER FATHER
12. Name WM. P. ATKINSON
13. Birthplace CANADA (City, town, or county) (State or foreign country)
14. Maiden name ALICE MARY DEVINE
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant Wm J. Turner
(b) Address 3925 Winnebago
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof MARCH 25 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM.
18. (a) Signature of funeral director E. J. Schmitt
(b) Address 3125 Lafayette Av
19. (a) MAR 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 22
year 1947 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-8-47
, 19..., to 3-22 19 47
that I last saw her alive on 3-22 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 mo.
Due to: Bilateral ureteral stenosis	1 mo.
Due to: Carcinoma of Cervix	?
Other conditions (Include pregnancy within 3 months of death): Hypertension, Cardio Vascular	?

Major findings:
Of operations: Grade III Ca of Cervix — Biopsy of —
Of autopsy: none

PHYSICIAN — Underline the cause of 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 —
23. Signature Joseph F. Viviano (M. D. or other) MD
Address 1325 S. Grand. Date signed 3/22/47

Jefferson City Printing Co.
(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Av

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.