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. 22715
5927

FILED JUN 30 1947

Registration District No. 318 — 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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr. 1mo. 16ds. (Specify whether years, months or days)
In this community 15-20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Out
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. ~~4412 Forest Park Bl.~~ 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: VIOLA TURNER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Div.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: February (Month) ? (Day) 1904 (Year)

8. AGE: Years 43 | Months 4 | Days ? | If less than one day hr. min.

9. Birthplace: Greensboro (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business

FATHER
12. Name: Palmer L. Kratzer
13. Birthplace: Allentown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Joan Edna Brady
15. Birthplace: Latrobe (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant: Clara Robinson
(b) Address: 5400 Arsenal St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pawhuska, OK.
18. (a) Signature of funeral director: Truth Center Mortuary
(b) Address: 4024 Lindell Blvd.
19. (a) JUN 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15 year 1947 hour 8.46 minute A M.
21. I hereby certify that I attended the deceased from Sept. 1st 1946 to June 15 1947; that I last saw her alive on June 15 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of the head of the Pancreas — 6mos x.
Due to
Paresis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy: Yes

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

23. Signature: Reese H. Potter (M. D. or other) M.D.
Address 5400 Arsenal St. Louis 9, Mo. Date signed 15 June 47
REESE H. POTTER

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address 4355 Washington

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.