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

FILED SEP 18 1947

Registration District No. 346

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33098

Registrar's No. 8478

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4255 W Cook 9
(If rural, give location)
11 10
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ralph Turner
3. (b) If veteran, name war --
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar 1
6. (b) Name of husband or wife Pearl Turner
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June (Month) 8 (Day) 1884 (Year)

8. AGE: Years 63 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Insurance salesman
11. Industry or business ---

MOTHER / FATHER
12. Name Charles Turner
13. Birthplace Richmond (City, town, or county) Ky. (State or foreign country) 1
14. Maiden name Sarah Scott
15. Birthplace Evansville (City, town, or county) Ky. (State or foreign country) 1

16. (a) Informant Pearl Turner
(b) Address 4255 W. Cook
17. (a) Brial (Burial, cremation, or removal) (b) Date thereof 9-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) SEP 6 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1947 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug. 27, 1947, to Sept. 5, 1947; that I last saw him alive on Sept. 5, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Cecum with Metastasis	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury D

23. Signature James M Whittier (M. D. or other)
Address 2601 N Whittier Date signed 9/5/47

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 Thomas J. Gates, Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.