

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 2 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

State File No.

Registrar's No.

38716

10088

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:
5508 Alcott Ave.
(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)

3. (a) PRINT FULL NAME Norma Estelle 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 single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 8, 1931
(Month) (Day) (Year)

8. AGE: Years 17 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Robert Turner
13. Birthplace Billgrade, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Beulah E. Tucker
15. Birthplace Dicks, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert Turner
(b) Address 5508 Alcott Ave.

17. (a) burial (b) Date thereof 11/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 22 1948 (b) J. B. Laster
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5508 Alcott Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 20
1948 to Nov. 19 1948
that I last saw her alive on Nov. 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure (Congestive) Duration Don't know

Due to Scoliosis of Spine Don't know

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 R. R. Menzies (M. D. or other) MD
Address 5330 Germaine Date signed 11/20/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Warren A. Carver

Licensed Embalmer No. 3534

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.