

FILED FEB 23 1949
 STANDARD CERTIFICATE OF DEATH

State File No. 6767

1098

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis 76	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 6	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital ()		d. STREET ADDRESS (If rural, give location) 121 Woodstock Rd. 1	

3. NAME OF DECEASED (Type or Print) Daniel Turpin			4. DATE OF DEATH (Month) (Day) (Year) 2 3 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 1	8. DATE OF BIRTH Jan. 20, 1869	9. AGE (In years last birthday) 80	IF UNDER 18 USE: YEAR Months Days	IF UNDER 18 USE: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Insurance	11. BIRTHPLACE (State or foreign country) Midway, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Thomas Turpin	13b. MOTHER'S MAIDEN NAME Martha Hamilton	14. NAME OF HUSBAND OR WIFE Minnie Lee Turpin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Walter Scott, 121 Woodstock Rd.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis - generalized years.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 88			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov. 19, 1948, to Feb. 4, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 1:03 p.m., from the causes and on the date stated above.

23a. SIGNATURE Geo. W. Stueck, M.D.	23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED 2-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-49	24c. NAME OF CEMETERY OR CREMATORY Lewistown Cemetery	24d. LOCATION (City, town, or county) (State) Lewistown, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 4 1949 J. B. Swartz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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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 ME

Student Embalmer No.

working under my personal supervision.

Signed

F. W. Wilkinson

Signed

Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis, Mo.

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.