

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31963

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7977

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7977	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5918 Minnesota</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUD</u>		b. (Middle) <u>****</u>		c. (Last) <u>TURNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 29, 1909</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Knobel Cons. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Chaffee, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Benjamin Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie May Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Clara</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-05-5219</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Turner 5918 Minnesota, St. Louis, Mo.</u>			
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 <u>Acute Ventricular Hemorrhage</u> <u>Intraventricular</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Probable aneurysm of lateral ventricle</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u> <u>undet.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
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? <u>H2O1</u>			
22. I hereby certify that I attended the deceased from <u>9/18-50</u> , 19 <u>50</u> , to <u>9-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-20</u> , 19 <u>50</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Green & Green</u>				23b. ADDRESS <u>4152 Lemay Ferry</u>		23c. DATE SIGNED <u>9-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1800 Lemay Ferry Road</u>	
DATE REC'D BY LOCAL REG. <u>SEP 21 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co.</u> <u>7814 S. Broadway, St. Louis, Mo.</u>			

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

mit

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Louis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.