

No. 300  
10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1951

State File No. 2120  
Registrar's No. 271

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH 1201 Monroe St.  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN South. Kinloch c. LENGTH OF STAY (in this place) 35 yrs

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 4090 S. Kinloch

d. FULL NAME OF HOSPITAL OR INSTITUTION 1201 Monroe

d. STREET ADDRESS (If rural, give location) 1201 Monroe

3. NAME OF DECEASED a. (First) Delia b. (Middle) c. (Last) Turner

4. DATE OF DEATH (Month) (Day) (Year) 2 7 51

5. SEX Female 3 6. COLOR OR RACE N 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 1894 2-14-1893 9. AGE (In years last birthday) 56 IF UNDER 1 YEAR Months 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country?) Kirkwood, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE ZANNIE TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS ZANNIE TURNER SAME

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) High blood pressure, hypertensive chronic nephritis  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) 592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-1948 to 2-7-1951, that I last saw the deceased alive on 2-4-1951, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE J. Dorsey (Degree or title) 23b. ADDRESS 634 1/2 Mason Road S. Kinloch 23c. DATE SIGNED 2-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2-12-1951 24c. NAME OF CEMETERY OR CREMATORY Washington PK 24d. LOCATION (City, town, or county) (State) St. Louis City Mo

DATE REC'D BY LOCAL REG. 2-8-51 REGISTRAR'S SIGNATURE Hubert R. Donke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bras Funeral Home Kinloch

DWR (Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Edward A Flynn*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4548<sup>c</sup> - Road

**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.