

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14829

State File No. _____
Registrar's No. **3061**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY Saint Louis Mo.
b. CITY (If outside corporate limits, write RURAL and give township) Saint Louis.
c. LENGTH OF STAY (In this place) 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Saint Louis Mo. b. COUNTY Mo.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis
d. STREET ADDRESS (If rural, give location) 1222 N Elliot Ave.

3. NAME OF DECEASED
a. (First) Lillie b. (Middle) Turner c. (Last) _____
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
March 30 1951

5. SEX Female **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH Dec 11 1901 **9. AGE** (In years last birthday) 49 **10. KIND OF BUSINESS OR INDUSTRY** None

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houis Wife

11. BIRTHPLACE (State or foreign country) Oaklona Miss. **12. CITIZEN OF WHAT COUNTRY?** 1

13a. FATHER'S NAME Alex Warden

13b. MOTHER'S MAIDEN NAME Pactric Goree

14. NAME OF HUSBAND OR WIFE Ahsty Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME Ahsty Turner **ADDRESS** 1222 Elliot

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
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.

INTERVAL BETWEEN ONSET AND 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 331 X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at HP m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 4/2/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE APRIL 5th 1951

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. 4/2/51

REGISTRAR'S SIGNATURE J. B. Lanster

25. FUNERAL DIRECTOR'S SIGNATURE Porter Funeral Home **ADDRESS** 3028 Dikson

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.