

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

State File No. ....

FILED APR 12 1952

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2950

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>				b. COUNTY			
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>5762 ACME AVE</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<b>MARIE</b>				<b>TURNER</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<b>MARCH</b>		<b>27</b>		<b>1952</b>	
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<b>FEMALE</b>		<b>WHITE</b>		<b>MARRIED</b>		<b>JUNE 11, 1894</b>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<b>57</b>		<b>HOUSEWIFE</b>				<b>ST. LOUIS MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?					
<b>U.S.A.</b>		<b>U.S.A.</b>					
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
<b>DAVID KNIGHT</b>			<b>TERESA TEBEAU</b>			<b>JOHN TURNER</b>	
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			
<b>NO</b>		<b>NONE</b>		<b>JOHN TURNER 5762 ACME AVE</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <b>arteriosclerosis - heart</b>					
		DUE TO (c) <b>atherosclerosis</b>					
		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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
				<b>H221</b>			
22. I hereby certify that I attended the deceased from <b>March 2, 1952</b> to <b>March 27, 1952</b> , that I last saw the deceased alive on <b>March 27, 1952</b> , and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE				23b. ADDRESS		23c. DATE SIGNED	
<b>Wm. R. ...</b>				<b>... 1719 18 ...</b>		<b>...</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>BURIAL</b>		<b>3/31/52</b>		<b>BELLEFRONTAINE CEMETERY</b>		<b>ST. LOUIS MISSOURI</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<b>MAR 29 1952</b>		<b>Carl Smith</b>		<b>STROOT - CARROLL 1600 NATURAL BRIDGE</b>			

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.....

*Albert Mayfield*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3077*

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.