

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10983

FILED MAR 19 1952

State File No. \_\_\_\_\_  
Registrar's No. 338

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>CLAYTON</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>57 TOWN Webster Groves</u>	d. STREET ADDRESS (If rural, give location) <u>N. ELM. 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>Mae</u> c. (Last) <u>TURPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 6 52</u>		
5. SEX <u>F 3</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid. 2</u>	8. DATE OF BIRTH <u>7-28-1888</u>		9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>MISS.</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE	
-----------------------------------	--	-----------------------------	--

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 <u>NANNETTE HOPKINS 515 BISMARCK</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Larynx occlusion</u>  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 <u>400.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 2-6, 1952 to 2-6, 1952, that I last saw the deceased alive on 2-6, 1952, and that death occurred at 9:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. White, M.P. U</u>	23b. ADDRESS <u>6018 Brentwood Clayton</u>	23c. DATE SIGNED <u>2-8-52</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
---	-------------------------	--	---

DATE RECD BY LOCAL REG. <u>2/8/52</u>	REGISTRAR'S SIGNATURE <u>Herbert K. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Harrison and Co. 3906 Lawton</u>	
---------------------------------------	---	---	--

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.....  
Student Embalmer

Signed

*Arthur L. Hellard*

Licensed Embalmer No. *4221*

P. O. Address *4524 Alden*

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.