

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40811**
Registrar's No. **10654**

FILED DEC 12 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. LENGTH OF STAY (If this place) 35 Yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN	
		d. STREET ADDRESS (If rural, give location) 24 2908 Texas	

3. NAME OF DECEASED (Type or Print) JAMES		a. (First)		b. (Middle) R.		c. (Last) TURNER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 4, 1884		9. AGE (In years last birthday) (Specify) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Tenn.		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 Nora Turner	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME Nora Turner, 2908 Texas, St. Louis, Mo.		ADDRESS	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral vascular accident, multiple, (hemorrhage of cerebral vessels.)					
		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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
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22. I hereby certify that I attended the deceased from **Nov. 12, 1952**, to **Nov. 17, 1952**, that I last saw the deceased alive on **Nov. 17, 1952**, and that death occurred at **10⁰⁰ P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jesse Younger, M.D.		23b. ADDRESS 634 No Grand		23c. DATE SIGNED Nov 9, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Church Yard		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. NOV 19 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, 2301 Lafayette		ADDRESS St. Louis, Mo.	
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24 (Licensed Embalmer's Statement on Reverse Side)

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

James R. Chapman
10/11/90
2:00 PM

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 *James R. Chapman*
Licensed Embalmer No. *4550*
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.