

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

8026

FILED MAR 11 1953

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State File No. ....

Registrar's No. 1733

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. 1733	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY .....			
b. CITY OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>60 days</u>		c. CITY OR TOWN <u>THAYER</u>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>GEN. DELIVERY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROGER</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>TURLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 53</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>never married</u>	8. DATE OF BIRTH <u>1-17-1953</u>		9. AGE (In years last birthday) <u>25</u>	10. UNDER 1 YEAR Days <u>25</u> Hours .....	11. UNDER 12 HRS. Min. ....
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>V.S.A.</u>	
13a. FATHER'S NAME <u>ROGER TURLEY</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIETTA OAKLEY</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 <u>ST. Louis Children's Hosp.</u> ADDRESS <u>5.00 S. Kings Highway West p.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transposition of the great vessels.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) .....					INTERVAL BETWEEN ONSET AND DEATH
		DUE TO (c) .....					
		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Infarction of rt. kidney</u>					
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>75.44</u>			
22. I hereby certify that I attended the deceased from <u>2-5-1953</u> , to <u>2-11-1953</u> , that I last saw the deceased alive on <u>2-11-1953</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David Gelling</u> (Degree or title) .....				23b. ADDRESS <u>Childrens Hosp.</u>		23c. DATE SIGNED <u>2-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY .....		24d. LOCATION (City, town, or county) (State) <u>Divernon, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 13 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bramley F.H., Divernon, Ill.</u> ADDRESS .....			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 4865

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.