

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16542

State File No.

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1251

4005
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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>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>	c. LENGTH OF STAY (In this place) <u>11 DAYS</u>	c. CITY OR TOWN <u>RICHMOND HEIGHTS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>4485 6744 CLAYTON RD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>KESTER</u> c. (Last) <u>TURK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 1 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 24 1889</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	11. UNDER 24 HRS. Hours <u>2</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FLORIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ACME FLORAL CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LAKE SPRINGS MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JOSEPH RILEY KESTER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH HYER</u>	14. NAME OF HUSBAND OR WIFE <u>ELLIS W. TURK (DECEASED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM TURK</u>	ADDRESS <u>6744 CLAYTON RD.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma ft</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Contusion of Brain</u>			<u>2 wks</u>
	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 <u>None</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUBDURAL HEMATOMA</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>21</u> (STATE) <u>MO</u>
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>fell down at home</u>

22. I hereby certify that I attended the deceased from April, 1953, to May, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Woodley M.D.</u>	23b. ADDRESS <u>16 Hampton Way, St. Louis, Mo.</u>	23c. DATE SIGNED <u>May 3</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 4 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-3-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Bocklage</u>	ADDRESS <u>6536 Clayton Rd.</u>
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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.....
Signature of Student Embalmer

Signed *John S. Denecker*.....
Licensed Embalmer No. *4194*.....
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.