

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29122

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5885</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</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 (If outside corporate limits, write RURAL and give township) <u>RURAL ROCK TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>3 HRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS Mo.</u>		<u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR IMPERIAL Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2407 S. 18th ST. LOUIS</u>			
3. NAME OF DECEASED (Type or Print): a. (First) <u>ELBERT</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>TURNBULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 1 - 1953</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 11, 1930</u>		9. AGE (To years last birthday) <u>22</u> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HINGE FACTORY</u>		11. BIRTHPLACE (State or foreign country) <u>DE SOTO Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JULIUS TURNBULL</u>			13b. MOTHER'S MAIDEN NAME <u>LAURA SHEPPHERD</u>		14. NAME OF HUSBAND OR WIFE <u>WILMA TURNBULL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES. KOREAN WAR.</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILMA TURNBULL 1229 ALLEN MARKET LANE ST. LOUIS</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of the Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal Lupines</u> DUE TO (c) <u>None to him or his wife</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Accident by help</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8124</u> <u>25</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident on Highway 67</u>		21b. PLACE OF INJURY (e.g., in or about house, farm, factory, street, office bldg., etc.) <u>near Imperial Jefferson Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>05</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>about 1:14 A.M. AUG 1 - 53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Automobile</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>P. B. Edwards, M.D. Doctor</u>				23b. ADDRESS <u>Esdor Hill - Mo</u>		23c. DATE SIGNED <u>8/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>AUG 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VETERANS Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 1953</u>		REGISTRAR'S SIGNATURE <u>Ruth Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>438 MOYDELL - 1926 ALLEN ST. LOUIS MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

HEILIGTAG FUNERAL HOME

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

5003

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED AUG 12 1953

6661 8 430

AUG 28 1953

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 *Arthur W. Hurlington*

Licensed Embalmer No. *3872*

P. O. Address *Impenab Inc.*

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.