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FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34218**
Registrar's No. **9182**

BIRTH NO. _____ 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 **Mo.** b. COUNTY **2139**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **City** c. LENGTH OF STAY (In this place) **14 Mo. 9 Mo.** d. CITY OR TOWN **St. Louis** e. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmary** e. STREET ADDRESS (If rural, give location) **13 5800 Arsenal St.**

3. NAME OF DECEASED a. (First) **Eveline** b. (Middle) _____ c. (Last) **Turner** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 12 1953**

5. SEX **Female 3** 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single 0** 8. DATE OF BIRTH **1871** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo. 0** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **George Turner** 13b. MOTHER'S MAIDEN NAME **Eveline Fannie** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or date of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Infirmary Records** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive cardio vascular disease**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **with cerebral damage.**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **443x**

22. I hereby certify that I attended the deceased from **Nov. 26**, 19 **34**, to **Sept. 12, 1953**, that I last saw the deceased alive on **Sept. 12, 1953**, and that death occurred at **11:10a** m., from the causes and on the date stated above.

23a. SIGNATURE **Palma Maria Bowdich 0 M.D.** (Degree or title) 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **9-12-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **9-30-53** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **SEP 23 1953** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL HOME'S SIGNATURE **Roland Mortuary Service** ADDRESS **4104 Manchester Ave.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.