.S. No. 300
EV. 10-48

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

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34219

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9177

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2219
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 21 2209 Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): Joshua
b. (Middle):
c. (Last): Turner

4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 53

5. SEX: M. 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated 1
8. DATE OF BIRTH: Sept 10, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days 12 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Davis Co
11. BIRTHPLACE (City and State or Foreign Country): Tate County Miss
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Rufus Turner
13b. MOTHER'S MAIDEN NAME: Francis Phillips
14. NAME OF HUSBAND OR WIFE: Willie Turner

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.
17. INFORMANT'S SIGNATURE OR NAME: Leona White — ADDRESS: 5215 Ridge

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Undt.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Bronchopneumonia — Undt.

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) m.
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* 9-14, 1953, *to* 9-22, 1953, *that I last saw the deceased alive on* 9-22, 1953, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. B. Williams (Degree or title): M.D.
23b. ADDRESS: 2601 N. Whittier
23c. DATE SIGNED: 9-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal motor
24b. DATE: 9-23-53
24c. NAME OF CEMETERY OR CREMATORY: Zenobia, Miss
24d. LOCATION (City, town, or county) (State): Zenobia, Mississippi

DATE REC'D BY LOCAL REG.: SEP 23 1953
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Roonce, ADDRESS: 1221 N. Grand

MJB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Guyton Swan

Licensed Embalmer No. 458

P. O. Address 1221 N. Gran

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