V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41293

FILED NOV 27 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10920

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) 66 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 3301a North 11th. Street

26 2269

3. NAME OF DECEASED (Type or Print)
a. (First) HENRIETTA
b. (Middle) H.
c. (Last) TURNER

4. DATE OF DEATH (Month) November (Day) 16 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH August 11 1887
9. AGE (In years last birthday) 66 — 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) Salad Maker
10b. KIND OF BUSINESS OR INDUSTRY Stix Baer Fuller
11. BIRTHPLACE (City and State or Foreign Country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Hans
13b. MOTHER'S MAIDEN NAME Anna Pothman
14. NAME OF HUSBAND OR WIFE Edward Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mr. Clarence Turner — **ADDRESS** 3301a North 11th. St.

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) Lobar Pneumonia R.U.L. — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes, Arteriosclerosis 15 yrs.

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

490X

22. *I hereby certify that I attended the deceased from* June 1, 1948, *to* Nov 16, 1952, *that I last saw the deceased alive on* Nov 16, 1953, *and that death occurred at* 10:50am., *from the causes and on the date stated above.*

23a. SIGNATURE Bernard W. Drey MD (Degree or title)
23b. ADDRESS 607 N. Grand
23c. DATE SIGNED 11/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Nov-18 1953
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Gillespie, Illinois (State)

DATE REC'D BY LOCAL REG. NOV 17 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F. H. Inc. — **ADDRESS** 1936 St. Louis Ave.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Norman Drey
University Club Bldg.
Lu. 4000

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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. None working under my personal supervision..

Student ..... None
Signature of Student Embalmer

Signed ... Felix J. Krispin

Licensed Embalmer No. 3497

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.