

No. 300  
10-48

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25358

State File No. 5910  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION 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) 4409a Hunt Ave. 2189

3. NAME OF DECEASED (Type or Print) a. (First) Stephen b. (Middle) Turnbough c. (Last) Turnbough  
4. DATE OF DEATH (Month) (Day) (Year) June 29, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married  
8. DATE OF BIRTH Feb. 6, 1952 9. AGE (In years, Months, Days) 2 Yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none  
10b. KIND OF BUSINESS OR INDUSTRY none  
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Roy Turnbough  
13b. MOTHER'S MAIDEN NAME Mildred Midvett  
14. NAME OF HUSBAND OR WIFE Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.  
16. SOCIAL SECURITY NO. Nil.  
17. INFORMANT'S SIGNATURE OR NAME Roy Turnbough. ADDRESS 4409a Hunt Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Encephalitis  
INTERVAL BETWEEN ONSET AND DEATH 5 day  
ANTECEDENT CAUSES Lead Encephalitis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ~~Unlabeled~~  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8850 14

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.) Home  
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?

22. I hereby certify that I attended the deceased from 6/28/54 10 to 6/29/54 10, that I last saw the deceased alive on 6/29/54 10, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. 23b. ADDRESS 615 N. Brentwood Blvd Clayton. 23c. DATE SIGNED 6/30/54

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 6-30-54 24c. NAME OF CEMETERY OR CREMATORY Czar Cemetery 24d. LOCATION (City, town, or county) (State) Czar, Missouri.

DATE REC'D BY LOCAL REG. JUN 30 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

(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 *Elton R. Remick*.....

Licensed Embalmer No. *428*

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.