

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3196**
Registrar's No. **0041**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: MISSOURI PACIFIC HOSPITAL				e. STREET ADDRESS (If rural, give location) 5584 ETEL AV. 2059			
3. NAME OF DECEASED (Type or Print) a. (First) WINIFRED b. (Middle) RAYBELLE c. (Last) TURNER			4. DATE OF DEATH (Month) (Day) (Year) JAN 3 1955				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH 3/16/1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 9 Days 17	IF UNDER 1 MTH. Hours _____ Mth. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Blackburn			13b. MOTHER'S MAIDEN NAME Pauline Wherry		14. NAME OF HUSBAND OR WIFE Edward D. Turner, Sr.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward D. Turner 5584 Etzel Ave.				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial rupture Pericardium					INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4201					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Aug 3, 1954 , to Jan 3, 1955 , that I last saw the deceased alive on Jan 1, 1955 , and that death occurred at 1A m., from the causes and on the date stated above.							
23a. SIGNATURE R.C. Dreiman M.D. (Degree or title)			23b. ADDRESS 462 No. Taylor			23c. DATE SIGNED 1-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/5/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JAN 4 1955		REGISTRAR'S SIGNATURE J. Carly Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Melvin L. Kemp*

Licensed Embalmer No. *40*

P. O. Address *3505*

St. Louis 20

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.