

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10315

FILED APR 11 1955

State File No. _____
Registrar's No. **2911**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2911		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) St Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3419 Lawton Blvd.				STREET ADDRESS (If rural, give location) 3419 Lawton Blvd 2219 21				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Turner c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Mar 28 1955					
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED Widowed (Specify)	8. DATE OF BIRTH Dec 1st 1896		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 3	IF UNDER 4 HRS. Days 27 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Janitor		11. BIRTHPLACE (City and State or Foreign Country) La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Stewart Turner			13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Clemetine Turner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clemetine Turner 3419 Lawton				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy. (Stroke) ANTECEDENT CAUSES DUE TO (b) Acute Gastritis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 334x				
22. I hereby certify that I attended the deceased from 2/18/55 19____, to 3/19/55 , 19____, that I last saw the deceased alive on 3/19/ , 1955, and that death occurred at 3:30 P.m. , from the causes and on the date stated above.								
23a. SIGNATURE (In green or blue ink) <i>[Signature]</i>				23b. ADDRESS 2918 A. Market		23c. DATE SIGNED 3/19/55		
24a. BURIAL, CREMATION, REINTERMENT		24b. DATE 4-2-55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis, Mo.		
DATE REC'D BY _____ MAR 31 1955		REGISTRAR'S SIGNATURE J. Earl Smith on d. S.P.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A. L. Beal Und Co. 4303 Delmar				

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 *Leroy U. Bonister*.....

Licensed Embalmer No. *45*

P. O. Address *3880 a*.....

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.