

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15177

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 766

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b><br>b. COUNTY _____   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Affton</b> |  | c. CITY OR TOWN <b>St Louis</b>   |  |
| c. LENGTH OF STAY (in this place) <b>5 mos.</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miller Nursing Home</b>                         |  | STREET ADDRESS (If rural, give location) <b>3676 Blaine</b>   |  |

|  |                          |                         |                      |                  |                    |
|--|--------------------------|-------------------------|----------------------|------------------|--------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                          |                         | 4. DATE OF DEATH     |                  |                    |
| a. (First) <b>Jennie</b>               | b. (Middle) <b>Alice</b> | c. (Last) <b>Turner</b> | (Month) <b>March</b> | (Day) <b>18,</b> | (Year) <b>1956</b> |

|                      |                               |  |  |   |   |  |
|----------------------|-------------------------------|--|--|---|---|--|
| 5. SEX <b>female</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b> | 8. DATE OF BIRTH <b>Sept. 13, 1870</b> | 9. AGE (In years last birthday) <b>85</b> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|--|--|---|---|--|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenographer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>J F Ballard Co.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|--|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <b>Leonard Turner</b> | 13b. MOTHER'S MAIDEN NAME <b>Pamela Knott</b> | 14. NAME OF HUSBAND OR WIFE <b>None</b> |
|--|---|---|

|   |   |  |                             |
|---|---|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>491-14-9628</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Marjorie Fern Woodall</b> | ADDRESS <b>Rt 1 Box 205</b> |
|---|---|--|-----------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral insufficiency, cardiac</b>  |  | <b>64 yrs.</b>                   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Myocarditis.</b><br>DUE TO (c) <b>Decompensated heart</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>lesion and edema,</b>  |  |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>none</b> | 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) _____ m. | 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 June, 1950, to March 15, 1956, that I last saw the deceased alive on March 15, 1956, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Natalie K. Krichner MD</b> | 23b. ADDRESS <b>508 N. Grand Blvd 3</b> | 23c. DATE SIGNED <b>3/19/56</b> |
|--|---|---------------------------------|

|  |                          |   |  |
|--|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>3/21/56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Local</b> | 24d. LOCATION (City, town, or county) (State) <b>Bowling Green Mo.</b> |
|--|--------------------------|---|--|

|   |  |   |                             |
|---|--|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <b>3-20-56</b> | REGISTRAR'S SIGNATURE <b>Richard R. Donohue MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J L Ziegenhein &amp; Sons</b> | ADDRESS <b>7027 Gravois</b> |
|---|--|---|-----------------------------|

(License of 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.....  
*Donald E. Bering*

Licensed Embalmer No. 48

P. O. Address 7027

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.