

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 35262-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1067

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY Clayton c. LENGTH OF STAY 15 min d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Kinloch 4091 d. In Residence within limits of a city or incorporated town? Yes No e. STREET ADDRESS 9800 Carson Trd.

3. NAME OF DECEASED a. (First) BABY b. (Middle) Boy c. (Last) Turner 4. DATE OF DEATH (Month) (Day) (Year) 4 20 56

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single 8. DATE OF BIRTH 4-20-56 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 15

10a. USUAL OCCUPATION None 10b. KIND OF BUSINESS OR INDUSTRY Child 11. BIRTHPLACE Clayton, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Freddy Turner 13b. MOTHER'S MAIDEN NAME Dorothy (last) 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME St. Lo. County Hosp - Clayton ADDRESS

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) Cerebral anoxia ANTECEDENT CAUSES DUE TO (b) immature development of lungs DUE TO (c) Brain II. OTHER SIGNIFICANT CONDITIONS Complete atelectasis Birth weight 510 Gms

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] 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) 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 4-20, 1956, to 4-20, 1956, that I last saw the deceased alive on 4-20, 1956, and that death occurred at 7:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert P. Jeffe (Degree or title) MD 23b. ADDRESS Clayton 601 S. Brentwood 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 24b. DATE 4-27-56 24c. NAME OF CEMETERY OR CREMATORY St. Louis Crematory 24d. LOCATION (City, town, or county) (State) 6800 Arsenal Mo.

DATE REC'D BY LOCAL REG. 4-27-56 REGISTRAR'S SIGNATURE Herbert R. Dombard 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis Co. Hosp. - Clayton, Mo.

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.....

Licensed Embalmer No.....

P. O. Address

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.