

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44011

STATE FILE NUMBER

FILED DEC 18 1956

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10716**

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                    |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Peoples Hosp.</b>   |                               | Length of stay in 1b<br><b>2</b>  | STREET ADDRESS <b>1119 4302 N. Market</b> (If outside, give location)   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Eugene</b> Middle <b>Turner</b> Last <b>Turner</b>   |                               |   | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>20</b> Year <b>1956</b>  |   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 20, 1884</b>  | 9. AGE (In years last birthday) <b>72</b>               | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Freight Handler</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Metropolis, Illinois</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>  |
| 13. FATHER'S NAME<br><b>Charles Turner</b>   |                               |   | 14. MOTHER'S MAIDEN NAME<br><b>Delsey Lewis</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>497-09-1097</b>   | 17. INFORMANT<br><b>Mrs. Pearl Turner</b><br>Address <b>4302 N. Market St. Louis, Missouri</b>                              |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b><br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 Days</b><br><b>??</b>                               |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                               | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)<br><b>(331x)</b>   |   |   |  |
| 20c. TIME OF INJURY<br>Hour <b>6:40 P.M.</b> Month, Day, Year<br>a. m. p. m.   |                               | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE               |  |
| 21. I attended the deceased from <b>May 18, 1956</b> to <b>November 20, 1956</b> and last saw <b>him</b> alive on <b>Nov. 20, 1956</b><br>Death occurred at <b>6:40 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |   |   |  |
| 22a. SIGNATURE<br><i>Howard H. Russell, M.D.</i>   |                               |   | 22b. ADDRESS<br><b>1432 N. Taylor Avenue</b>  |   | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                               | 23b. DATE<br><b>11-26, 1956</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>5500 Brown Road St. Louis County Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Geo. W. Bruce</b>   |                               | 25. DATE RECD. BY LOCAL REG.<br><b>Nov. 24, 1956</b>  |   | 26. REGISTRAR'S SIGNATURE<br><i>J. Earl Smith, M.D.</i> |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard non-removable forms. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

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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 *Frederick P. Stark*.....

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

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.