THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER 3147

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 468

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b 27	d. STREET ADDRESS (If outside, give location) 4049 Kennerly — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Mary	Middle:	Last: Turner	4. DATE OF DEATH	Month 1 Day 11 Year 57
5. SEX: Female	6. COLOR OR RACE: Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 5-9-1885	9. AGE (In years last birthday): 71	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm	10b. KIND OF BUSINESS OR INDUSTRY: Self	11. BIRTHPLACE (City and state or country): Miss.	12. CITIZEN OF WHAT COUNTRY? U,S.		
13. FATHER'S NAME: Ed.McCarter		14. MOTHER'S MAIDEN NAME: Fannie McCarter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: No	17. INFORMANT: Luella Johnson	Address: 4051 Kennerly		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: undet

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertensive Cardiovascular Disease 332x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 11-23-56, to 1-11-57 and last saw her alive on 1-11-57

Death occurred at 3:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh Waters, M.D.	22b. ADDRESS: 2601 Whittier Street	22c. DATE SIGNED: 1-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 1-18-57	23c. NAME OF CEMETERY OR CREMATORY: Washington Park
23d. LOCATION (City, town, or county): St.Louis County	(State): Mo.	
24. FUNERAL DIRECTOR: J.McClendon	ADDRESS: 4535 Washington	25. DATE RECD. BY LOCAL REG.: JAN 16 '57
26. REGISTRAR'S SIGNATURE: J Earl Smith MD MDB		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Part I. Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John K Cunningh

Licensed Embalmer No. 4

P. O. Address 2405 M

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.