

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

318

1003

6168

Registration District No. Primary Registration District No. Registrar's No.

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be recorded. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional, give location of residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>West St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in 1b <b>1 hour</b>	d. STREET ADDRESS (If outside, give location) <b>304 Tuxedo Blvd.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>TURNER, JR</b> Last			4. DATE OF DEATH Month <b>6</b> Day <b>28</b> Year <b>57</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2/25/1928</b> 9. AGE (In years last birthday) <b>29</b> IF UNDER 1 YEAR IF UNDER 1 MRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Pine Bluff, Ark.</b> 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Frank Turner</b>		14. MOTHER'S MAIDEN NAME <b>Queen Ester Hill</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Navy - WW 2</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Queen Ester Hill - Blvd, Webster</b> Address <b>304 Tuxedo</b>
18. CAUSE OF DEATH [Enter only one cause peyline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of skull</b> DUE TO (b) <b>and brain self-reflected in room at 2943 Pine St. about 3:32 P.M. 6/27/57</b> DUE TO (c) <b>Suicide</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			ONSET AND DEATH <b>Braining</b> 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>See above E976X</b>	
20c. TIME OF INJURY Hour <b>3:32 P.M.</b> Month <b>6</b> Day <b>27</b> Year <b>57</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>See above</b>		20f. CITY, TOWN, OR LOCATION <b>See above</b> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>8:15 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Patrick E. Clark Coroner</b> (Degree or title)		22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>7-2-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/5/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
24. FUNERAL DIRECTOR <b>Charles J. Gates, 4107 Finney</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>JUL 2-57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>

(Licensed Embalmer's Statement on Reverse Side)

MS  
DEC 14 1959

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. 187

P. O. Address 4107 Finns

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.