

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023836
State File No. 6519
Registrar's No.

FILED JUL 14 1958

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BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY N one		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis	
c. LENGTH OF STAY (in this place) USA		d. STREET ADDRESS (If rural, give location) 3128 School St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 3128 School St.		e. FULL NAME OF HOSPITAL OR INSTITUTION 1279 3128 School St.	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) TURNER		4. DATE OF DEATH (Month) (Day) (Year) June 28, 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown ab. 1892
9. AGE (In years last birthday) ab. 66	10. KIND OF BUSINESS OR INDUSTRY Landscape	11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Alabama	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener (Ret)	13a. FATHER'S NAME Peter Turner	13b. MOTHER'S MAIDEN NAME Pattie Lane	14. NAME OF HUSBAND OR WIFE Louisiana Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 421-09-9156	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louisiana Turner, 3128 School St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1043A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) John H. Quinn Deputy	23b. ADDRESS 1300 Clark Avenue	23c. DATE SIGNED 6/30/58
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 7-3-58	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) Berkeley City, Mo		

DATE REC'D BY LOCAL REG. JUN 30 1958	REGISTRAR'S SIGNATURE Paul Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cunningham & Moore, 2405 Marcus
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave

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 this body is not embalmed, fact should be so stated above.