

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038411  
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2640

300  
1-57

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1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>OVERLAND 426X</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>9708 WABADAY</u>	
Length of stay in 1b <u>8 1/2 DAYS</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>ROBERT</u> Last <u>Turner</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>12</u> Year <u>1958</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1906</u>	9. AGE (In years) <u>52</u> (In days)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE AGENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PRUDENTIAL</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>FRANK TURNER</u>	13b. MOTHER'S MAIDEN NAME <u>SHELEVEY PATE</u>	14. NAME OF HUSBAND OR WIFE <u>MARYANN TURNER</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>AA4-10-1194</u>	17. INFORMANT <u>MARYANN TURNER</u> Address <u>9708 WABADAY</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Compression Brain Damage</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Subdural Hematoma</u>	
	DUE TO (c) <u>Gun-shot wound - suicidal 976X</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT <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 <u>CLAYTON</u>	COUNTY <u>MO</u>	STATE <u>MO</u>
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21. I attended the deceased from 10-2-58 to 10-12-58 and last saw her alive on 10-12-58  
Death occurred at O.A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. H. Harrison, Jr.</u> (Degree or title)	22b. ADDRESS <u>6015 Brentwood Clayton Mo</u>	22c. DATE SIGNED <u>10-13-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HIRAM</u>	23d. LOCATION (City, town, or county) <u>ST LOUIS CO MO</u>	(State)
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24. FUNERAL DIRECTOR <u>Gene Williams</u>	ADDRESS <u>Overland</u>	25. DATE RECD. BY LOCAL REG. <u>10-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Bert B. Blumke MD</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

For no symptoms were listed.

897

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 *Eric J. Heltem* .....

Licensed Embalmer No. *3501*

P. O. Address *Orlando*

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.