. Health,
& Welfare
Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042363

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10859

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 04 BARNES HOSPITAL — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Mehlville 4000 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 27 R.# 8 Box 1506 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ERVIN Middle: W. Last: TURNER

4. DATE OF DEATH Month Day Year: NOVEMBER 11, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 19, ~~1868~~ 1879

9. AGE (In years last birthday): ~~89~~ 78 — 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): Retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (City and state or country): Paulding County, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Turner

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Vena Cates Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-12-5487

17. INFORMANT Address: Mrs. Vena Turner, Mehlville, Mo.

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) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) OLD ENDOCARDITIS, ETIOLOGY UNKNOWN — UNKNOWN
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4214

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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

ITEM 8,9 12-30-58 BEL CORRECTED
BY: 1. AFFIDAVIT OF Informant
2. DOCUMENT Paul Revere Ins. Policy #26234 Issue 5-4-1936

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 OCT. 14, 1958, to NOV. 11, 1958 and last saw her/him alive on NOV. 11, 1958
Death occurred at 4:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): FR Bradley M. D. 0

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 11/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-14-58

23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mittelberg Funeral Home, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 12 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed Robert M. Murray
Signature of Student Embalmer

Licensed Embalmer No. 3745
P. O. Address St. Louis

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.