Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042365
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10898

1. PLACE OF DEATH
a. COUNTY ~~Saint Louis~~
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4576 Garfield Ave. — Length of stay in 1b 119

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN Saint Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4576 Garfield Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Josephine Middle Last Turner

4. DATE OF DEATH Month Day Year November 9, 1958

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH March 2, 1892
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 2 Days 7 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME D. D. Goodwin
13b. MOTHER'S MAIDEN NAME Callie Webb
14. NAME OF HUSBAND OR WIFE Richard 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. 499-36-3967
17. INFORMANT Walter D. Goodwin Address 4576 Garfield Ave.

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) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c) 420.1
INTERVAL BETWEEN ONSET AND DEATH

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 ☐ 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 _____ to _____ and last saw her/him alive on _____
Death occurred at 830 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 3
22b. ADDRESS 1306 [illegible]
22c. DATE SIGNED 11/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-13-1958
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
23d. LOCATION (City, town, or county) (State) Berkeley, Missouri

24. FUNERAL DIRECTOR E. B. Hoorce ADDRESS 1221 N. Grand
25. DATE RECD. BY LOCAL REG. NOV 13 '58
26. REGISTRAR'S SIGNATURE Earl Smith, MD MJB

(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 .....
Signature of Student Embalmer

Signed Clarence Graves

Licensed Embalmer No. 4755

P. O. Address 1221 North Grand

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.