URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 4 1959

59-030856

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7834

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis Mo.
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis City Hosp. # 1
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2204 S. 4th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BERTHA Middle: L. Last: TURNBOUGH

4. DATE OF DEATH: Month: Aug. Day: 22 Year: 1959

5. SEX: F

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-3-1891

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Crawford Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Andrew Smith

13b. MOTHER'S MAIDEN NAME: Rachel C. Martin

14. NAME OF HUSBAND OR WIFE: William Horace Turnbough

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.: None

17. INFORMANT: Goldie Rulo Address: 2204 S. 4th St.

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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adenocarcinoma of the ovary — 7 years
DUE TO (c): 175.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia
PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☒ No ☐ Unknown

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.)

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 8/18/59 to 8/22/59 and last saw he alive on 8/22/59
Death occurred at 11:06 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward J. Burdt, MD (Degree or title)

22b. ADDRESS: 1515 Lafayette Ave.

22c. DATE SIGNED: 8/22/59

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

23b. DATE: Aug. 25, 1959

23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State): 4360 Bates St.

24. FUNERAL DIRECTOR: C. Hoffmeister Mortuaries ADDRESS: 7814 S. Broadway

25. DATE REC'D. BY LOCAL REG.: AUG 24 59

26. REGISTRAR'S SIGNATURE: Lloyd Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John L Denne

Licensed Embalmer No. 4194

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.