

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042636

FILED VS DEC 11 1959

STATE FILE NUMBER

210967

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Louis</b>	Length of stay in 1b	c. CITY OR TOWN <b>Saint Louis</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2311 Dickson Street</b>		d. STREET ADDRESS (If outside, give location) <b>2311 Dickson Street</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Jonna</b> Middle <b>NMN</b> Last <b>Turks</b>			4. DATE OF DEATH Month <b>11</b> Day <b>25</b> Year <b>59</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-1-1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>24</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dan Anthony</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT Address <b>William Turks 2712 Belt Ave.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b>		<b>40 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Secondary anemia</b>	
	DUE TO (c) <b>420.1</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>none</b>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>none</b>	
20c. TIME OF INJURY Hour <b>none</b> a.m. <b>none</b> Month, Day, Year <b>none</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>none</b>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **11-23-59** to **11-25-59** and last saw her **5:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at **11-25-59** and last saw him alive on **11-25-59**

22a. SIGNATURE (Degree or title) <b>Grazier D. Alexander MD</b>		22b. ADDRESS <b>826 N CHANNING</b>		22c. DATE SIGNED <b>11-25-59</b>
23a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>	23b. DATE <b>11-27-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memphis, Tennessee</b>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>Ellis Funeral Home 2820 Stoddard Street</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 27 1959</b>	26. REGISTRAR'S SIGNATURE <b>Loat Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J.P.

**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 Fulton E. Duck

Licensed Embalmer No. 4198

P. O. Address St Louis, Mo.

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.