

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013317

FILED VS APR 5 1960

2 3340

STATE FILE NUMBER

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 Missouri b. COUNTY													
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1326 Hughes Pl		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First Middle Last Cleo M TURNER				4. DATE OF DEATH Month Day Year MARCH 21 1960													
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/6/88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ill		12. CITIZEN OF WHAT COUNTRY USA										
13a. FATHER'S NAME Leve Alexander			13b. MOTHER'S MAIDEN NAME Laura Warner			14. NAME OF HUSBAND OR WIFE Frank Turner											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address Frank Turner 1326 Hughes Pl												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BURNS, 3RD DEGREE, 25% TOTAL 2 MONTHS CARCINOMA, LARGE COLON 14 MONTHS DUE TO (b) BURNS, 3RD DEGREE, 25% TOTAL 2 MONTHS METASTASIS TO REGIONAL LYMPH NODES DUE TO (c) " LIVER								INTERVAL BETWEEN ONSET AND DEATH 14 MONTHS									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS FOCAL AUTOLYSIS ADRENALS					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												
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 04 Kitchen of Home													
20c. TIME OF INJURY Hour a.m. p.m. ! 1-26-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 04 Home							20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo.		STATE		
21. I attended the deceased from 1/26/60 to 3/21/60 and last saw him alive on 3/21/60 Death occurred at 1043 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE E. J. Schnur (Degree or title) M.D.				22b. ADDRESS 634 N. Duval				22c. DATE SIGNED 3/23/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/23/60		23c. NAME OF CEMETERY OR CREMATORY Coons			23d. LOCATION (City, town, or county) Sigel Ill			23e. (State)							
24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette				ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 23 1960		26. REGISTRAR'S SIGNATURE Kean Smith, M.D.									

DOCUMENT

MEDICAL CERTIFICATION

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 Thomas R. Jensen

Licensed Embalmer No. 379

P. O. Address 3125 Lafayette

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