

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040446

FILED VS NOV 9 1960

317

Registration District No. 544

Registrar's No. 3118

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b		c. CITY OR TOWN Affton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 7912 LaBelle		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Robyn Middle -- Last Turner				4. DATE OF DEATH Month October Day 26 Year 1960						
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/26/60		9. AGE (last birthday) -- IF UNDER 1 YEAR: Months -- Days -- IF UNDER 24 HR: Hours -- Min. 20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kirkwood, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Eugene Turner				13b. MOTHER'S MAIDEN NAME Karg			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. --		17. INFORMANT Eugene L. Turner			Address 7912 LaBelle Affton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anencephalia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown - developmental defect DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH Congenital		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour -- a.m. -- p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 26, 1960 to Oct 26, 1960 and last saw her her alive on 10/26/60 Death occurred at 12:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Les L. Wacker (Degree or title)				22b. ADDRESS 5563 Ritz Center, St Louis 25				22c. DATE SIGNED 10/26/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT-27-1960		23c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER SEM.		23d. LOCATION (City, town, or county) AFFTON MO		(State)		
24. FUNERAL DIRECTOR Fey Funeral Home, MEHLVILLE MO 10-27-60				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE John E. Murphy Md.				

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 ~~was~~
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Not Embalmed
See Paul [Signature]

Licensed Embalmer No. _____

P. O. Address _____

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.