

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962

318

1003

1858

-62-008857

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in lb 38 years		c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer Phillips Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 522 N. Whittier St.
3. NAME OF DECEASED (Type or print) First LOUIS Middle Last TURNER			4. DATE OF DEATH Month February Day 12, Year 1962		
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 3/28/86		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sandwich vendor			10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (City and state or country) Homer, Louisiana
12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME General Turner			13b. MOTHER'S MAIDEN NAME Effie Stuart		14. NAME OF HUSBAND OR WIFE Girlie Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I			16. SOCIAL SECURITY NO.		17. INFORMANT Girlie Turner
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Acute Pulmonary Congestion. Contrib: dislocation of the 6 th & 7 th vertebrae onto the 7 th , suffered when broken by post or postures unknown, in front of about 939 N. Vandeventer on February 10 th , 1962 at 11:25 a.m.			INTERVAL BETWEEN ONSET AND DEATH		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
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Homicide			983X		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
20c. TIME OF INJURY Hour 11:25 a.m. Month, Day, Year 2-10-62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 12:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Velen L. Taylor, Coroner			22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 2-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/15/62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR Charles J. Gates			ADDRESS 4107 Finney Ave.		25. DATE RECD. BY LOCAL REG. FEB 14 1962
			26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

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 Quinton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

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.