No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36344

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 10253

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 428 Montrose
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Turner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem.

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 2 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	28	hr. min.

9. Birthplace Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Berry Spiller
13. Birthplace Va.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Parker
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant E. Rhodes
(b) Address 2601 N Whittier St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation E. Hoyt Ill

18. (a) Signature of funeral director R. McGreen
(b) Address 3517 Sackfeld Ave

19. (a) NOV 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1947 hour 2 minute 45 A M.

21. I hereby certify that I attended the deceased from Oct. 17, 1947 to Oct. 30, 1947; that I last saw her alive on Oct. 30, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with Decompensation

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Oscar L Daniels (M. D. or other)

Address 2601 N Whittier Date signed 11/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J. E. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed James [illegible]

Licensed Embalmer No. 4[illegible]

P. O. Address 2829 Washing[illegible]

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 this body is not embalmed, fact should be so stated above.