. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9967

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3237

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

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17
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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: 5168 Cates Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5168 Cates Ave 9
(If rural, give location)
12
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Minnie Bedington
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife William
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April (Month) 11th (Day) 1890 (Year)

8. AGE: Years 57 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Alexander Turnbaugh
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)
MOTHER
14. Maiden name Minerva Whitaker
15. Birthplace Kan (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs Edith C. Baker
(b) Address 5168 Cates Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director L. Mullen Und Co
(b) Address 5165 Delmar Bl.
19. (a) APR 3 1948 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1948 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from May, 1946, to 2 Apr, 1948; that I last saw her alive on 30 Mar, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Complete Heart Block	2 yrs
Due to: Arteriosclerotic Heart Disease	10 yrs
Due to:	
Other conditions: Rheumatoid Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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 [illegible] (M. D. or other) MD
Address 2 Apr 48 Date signed 2 Apr 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

University Club Bldg.
3-5

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..... Registered Apprentice No..... working under my personal supervision.

Signed H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.