

FILED MAR 11 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6765

State File No. ....

318

1003

Registrar's No. 1953

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. LENGTH OF STAY (In this place) days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN							
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)									
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)					
THOMAS		LEWIS		TURNER		FEB. 25, 1949							
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)					
Male		Negro		Married		Apr. 3, 1881		67					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?				
Electrician			Self			Troy, Alabama			U.S.A.				
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE							
Unavailable			Unavailable			Carro Turner							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME						ADDRESS			
No		497-16-8296		Carro Turner, 4030a Cook Avenue									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH				
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					Respiratory failure, acute				
				ANTECEDENT CAUSES					2 hours				
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					" "				
				DUE TO (b)					" "				
				DUE TO (c)					" "				
				II. OTHER SIGNIFICANT CONDITIONS									
				Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY?		
2/25/49		Ca of esophagus, upper 1/3									YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP)			(COUNTY)		(STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from Dec. 30, 1948, to Feb. 25, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at 5:55 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title)						23b. ADDRESS			23c. DATE SIGNED				
Henry W. Borg, M.D.						Barnes Hospital.							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)						
Burial		3/1/49		St. Peters Cemetery			St. Louis Co., Mo						
DATE REC'D BY LOCAL		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE						ADDRESS	
MAR 1 1949		J. B. Slaten				Gates Funeral Home, 4107 Finney Ave							

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*Paul V. Freeman*

Student Embalmer No. 276

working under my personal supervision.

Signed *Paul V. Freeman*  
Student Embalmer

Signed *John K Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Fenwick Ave

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.