

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10756  
2168

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>318</u>  |  | PRIMARY REG. DIST. NO. <u>1003</u>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>   |  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>   |  | d. STREET ADDRESS (If rural, give location) <u>5615 Reber Pl.</u>                |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Anna</u> b. (Middle) <u>R.</u> c. (Last) <u>Turner</u>   |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1949</u>  |  |  |  |
| 5. SEX <u>F</u>   |  | 6. COLOR OR RACE <u>W.</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>  |  | 8. DATE OF BIRTH <u>Oct. 22, 1880</u>  |  |
| 9. AGE (In years last birthday) <u>68</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>St. Library, Ill.</u>               |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>  |  | 13a. FATHER'S NAME <u>Henry Rolives</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Merlin Turner</u>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>XXXX</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Turner</u>   |  | ADDRESS <u>5615 Reber Pl.</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>170 X</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>11 yrs.</u>                                  |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |  | 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 <u>11/29, 1948</u> , to <u>3/5, 1949</u> , that I last saw the deceased alive on <u>3/5, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Dr. Wayne M. Weaver D.D.</u>  |  |  |  | 23b. ADDRESS <u>5427A Southwest</u>   |  | 23c. DATE SIGNED <u>3/8/49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Mar. 9, 1949</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>              |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 8 1949</u>   |  | REGISTRAR'S SIGNATURE <u>J. B. Foster</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Maack-Haldahl &amp; P. Co.</u>  |  | ADDRESS <u>3634 Kennis</u>   |  |

WRITE PLAINLY—USING UNFADING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed *Felix J. Krupin*.....

Licensed Embalmer No. *3497*.....

P. O. Address *3634 Gravois*.....

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.