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

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3088

State File No. 836

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|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO.   |  | PRIMARY REG. DIST. NO.   |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Enroute to Homer Phillips Hospital</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>mo.</u><br>b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town):<br><u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) <u>life</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township):<br><u>2 DOWN St. Louis</u>                           |  | <u>2229</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to Home Phillips</u>   |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>2816 Bernard</u>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Cleveland</u>  |  | b. (Middle) <u>G.</u>  |  | c. (Last) <u>Turner</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan, 23, 1951</u>                    |  |
| 5. SEX <u>Male 2</u>  |  | 6. COLOR OR RACE <u>Col.</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>  |  | 8. DATE OF BIRTH <u>Feb, 25, 1916</u>  |  |
| 9. AGE (In years last birthday) <u>34</u>   |  | 10. UNDER 1 YEAR (Months) <u>10</u>  |  | 11. UNDER 1 YEAR (Days) <u>28</u>  |  | 12. UNDER 1 YEAR (Hours) <u></u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                    |  |
| 13a. FATHER'S NAME<br><u>Samuel Turner</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mable Woods</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>  |  | 16. SOCIAL SECURITY NO. <u>#2</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Arnold Turner 315 So. Garrison Ave.</u>                                    |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Vascular Disease</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u></u><br>DUE TO (c) <u></u><br>II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br><u>H-42X</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Jan, 23, 1951</u> , and that death occurred at <u>1055A.m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Clifford Harry Deputy Coroner</u>  |  |  |  | 23b. ADDRESS<br><u>1300 Clark</u>  |  | 23c. DATE SIGNED<br><u>1/29/51</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>Jan. 29, 1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>National Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Jefferson Barracks, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>JAN 26 1951</u>  |  | REGISTRAR'S SIGNATURE<br><u>J. B. Lassiter</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Wright Funeral Home 3100 Easton Ave.</u>                                    |  |  |  |

EBB 21 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Arthur L. Heilliard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4740<sup>th</sup> 10<sup>th</sup> St. S. P. O. Box 10

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.