

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1187  
Registrar's No. 1187

6749

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place) 34 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3308a Laclede 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Maggie	b. (Middle)	c. (Last) Turner	(Month) Feb.	(Day) 1	(Year) 1951
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 7/9/1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR 6 Months 24 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Waynesboro, Miss.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME A. G. Gaston	13b. MOTHER'S MAIDEN NAME Georgia Wiggins	14. NAME OF HUSBAND OR WIFE Roscoe Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Georgia Mae Turner, 3308a Laclede

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Colon, Transverse and Antecedent Causes Carcinoma, Metastatic, Peritoneum and Liver		
	DUE TO (b) Undetermined		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 153X

22. I hereby certify that I attended the deceased from 12-28, 1950, to 2-1, 1951, that I last saw the deceased alive on 2-1, 1951, and that death occurred at 8:20p m., from the causes and on the date stated above.

23a. SIGNATURE Montague Lawrence	(Degree or title) D. O.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 2-2-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 2/8/51	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis; Missouri

DATE REC'D BY LOCAL REG. FEB 8 1951	REGISTRAR'S SIGNATURE G. B. Tate	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME	ADDRESS Charles J. Gates, 4107 Finney Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X. Ver. 10-48-51

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

*John P. Cunningham*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

**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.