No. 300
10.48

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

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44241

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11120

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Baptisit Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pagedale 4-281
d. STREET ADDRESS (If rural, give location): 6825 St. Charles Rock Road

3. NAME OF DECEASED (Type or Print)
a. (First): ALFRED
b. (Middle): G.
c. (Last): TURNER.

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1951.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 17, 1893.
9. AGE (In years last birthday): 58
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England 4
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: George Turner
13b. MOTHER'S MAIDEN NAME: Elizabeth Barber
14. NAME OF HUSBAND OR WIFE: Dorothy Turner wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dorothy Turner, 6825 St. Charles R. R

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lower Nephron Nephrosis
DUE TO (c) Peritonitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: Dec 10, 1951
19b. MAJOR FINDINGS OF OPERATION: Multiple abdominal abscess
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) a.m. p.m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: 692.1

22. *I hereby certify that I attended the deceased from* Feb 11, 1951, *to* Dec 14, 1951, *that I last saw the deceased alive on* Dec. 14, 1951, *and that death occurred at* 8.20 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H Jolly M.D.
23b. ADDRESS: 8924 St. Charles Rock Road.
23c. DATE SIGNED: Dec 15, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 17, 1951.
24c. NAME OF CEMETERY OR CREMATORY: Lake-Charles Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. DEC 17 1951
REGISTRAR'S SIGNATURE: Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. W. Clark 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boeckler

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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. FOC ONE