

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30137

State File No. _____
Registrar's No. **7466**

AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN East St. Louis 8/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION People's Hospital		d. STREET ADDRESS (If rural, give location) 1128 Piggott Ave.	

3. NAME OF DECEASED (Type or Print) Mary	a. (First) Mary	b. (Middle) Turner	c. (Last) Turner	4. DATE OF DEATH (Month) (Day) (Year) Aug. 4 1952
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Aug. 14 1922	9. AGE (In years last birthday) 30	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Shelby Miss.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willie Turner	13b. MOTHER'S MAIDEN NAME Maggie Williams	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Jessie Carter	ADDRESS 107 South 44th St
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Menigitis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 026X
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22. I hereby certify that I attended the deceased from **Aug 3**, 19**52**, to **Aug 4**, 19**52**, that I last saw the deceased alive on **Aug 4**, 19**52**, and that death occurred at **9:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter A. Young M.D.	23b. ADDRESS 7337 Market	23c. DATE SIGNED 8/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-5-52	24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Ill.	24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.
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DATE REC'D BY LOCAL REG. AUG 6 1952	REGISTRAR'S SIGNATURE J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE John Wiggler	ADDRESS 1036 Tudor Ave
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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 me

working under my personal supervision.

Student Embalmer No.....

Signed Ben H. Baldwin

Signed.....
Student Embalmer

Licensed Embalmer No 420

P. O. Address Baldwin Ill

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.