

FILED OCT 29 1952
 BIRTH NO. **54055** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2571**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND HEIGHTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WELLSTON	
c. LENGTH OF STAY (In this place) 25 DAYS		d. STREET ADDRESS (If rural, give location) 6603A Easton Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) TURNER c. (Last) TURNER			4. DATE OF DEATH (Month) (Day) (Year) 10 6 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Sept. 11, 1952	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William Turner		13b. MOTHER'S MAIDEN NAME Josephine Wanda		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WILLIAM TURNER	
				ADDRESS 6603A Easton	

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE AND POSSIBLE SEPTICEMIA		DUE TO (b) T I L I U S AND PERITONITIS				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION 10-3-52		19b. MAJOR FINDINGS OF OPERATION T I L I U S AND PERITONITIS			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?		

22. I hereby certify that I attended the deceased from **10-11, 1952**, to **10-6, 1952**, that I last saw the deceased alive on **10-6, 1952** and that death occurred at **6:45** m., from the causes and on the date stated above.

23a. SIGNATURE Patricia Brennan MD		23b. ADDRESS ST MARY'S HOSPITAL		23c. DATE SIGNED 10-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov. 7 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter's St. Louis	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. 10-6-52		REGISTRAR'S SIGNATURE Herbert B. Donke, MD		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Quinn	
				ADDRESS 1389 Union Ave	

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

Ben Hoffman

Signed.....

Student Embalmer

Licensed Embalmer No. 4326

P. O. Address.....

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.