

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6913

State File No.

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1179

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Glasgow and St. Louis Area</i>		e. STREET ADDRESS (If rural, give location) <i>2109 3210^a University St.</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Howard</i> b. (Middle) <i>Edwin</i> c. (Last) <i>Turner</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 5, 1954</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>May 1st, 1894</i>	9. AGE (In years last birthday) <i>59</i> if under 1 YEAR Months <i>9</i> Days <i>5</i> if under 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Bank Work</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Enid, Oklahoma</i>	
12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Stella Turner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes First World War</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Stella Turner 3210^a University St.</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subdural Hematoma; Fr of Skull, suffered when struck by automobile driven by one, Jack Herrington at intersection of Garrison and St. Louis Ave. about 6:30 am Feb 5 1954. It rather accidental result of criminal carelessness.</i>			INTERVAL BETWEEN DEATH AND INQUIRY
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death that are related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Could not be determined. Open Verdict</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. MODE OF SUICIDE <i>Open Verdict</i> (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? <i>000 F8124</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:30A</i> m., from the causes and on the date stated above. <i>20</i>					
23a. SIGNATURE (Degree or title) <i>Patrick E Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1.6.54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 8/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Jefferson Co. Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Earl Smith & Bull-Campbell Mortuary 5765 Delmar St.</i>			
DATE REC'D BY LOCAL REG. <i>FEB 6 1954</i>		REGISTRAR'S SIGNATURE <i>Earl Smith</i>			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Rex E Campbell*.....

Licensed Embalmer No. *3881*

P. O. Address *St Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.