

FILED JAN 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44091**
Registrar's No. **10911**

| | | | | | | | | | |
|---|----------------------------------|---|---|---|---|--|----------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10911 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 43 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 927a N. Channing | | | | d. STREET ADDRESS (If rural, give location) 27 927a N. Channing | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) ALLEN c. (Last) TURNER | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1954 | | | | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 18, 1910 | 9. AGE (In years last birthday) 44 | 10. UNDER 1 YEAR 2 | 11. UNDER 1 YEAR 8 | 12. HOURS & MIN. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY Civil Courts Bldg. | | 11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | |
| 13a. FATHER'S NAME Thomas Turner | | | 13b. MOTHER'S MAIDEN NAME Louise Watkins | | 14. NAME OF HUSBAND OR WIFE Vivian 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. 493-01-6682 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vivian Turner, 927a N. Channing | | | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Secondary Anemia | | | | INTERVAL BETWEEN ONSET AND DEATH 18 Sec | |
| 19a. DATE OF OPERATION none | | 19b. MAJOR FINDINGS OF OPERATION none | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | | 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) none | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 920K | | | | | |
| 22. I hereby certify that I attended the deceased from 10-1, 1954, to 11-26, 1954 , that I last saw the deceased alive on 11-26, 1954 , and that death occurred at 9 P. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Frayer D. Alexander MD | | | | 23b. ADDRESS 826 N Channing St. Louis | | 23c. DATE SIGNED 11-29-54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12/2/1954 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |
| DATE REC'D BY LOCAL REG. NOV 30 1954 | | REGISTRAR'S SIGNATURE Charles J. Gates MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur P. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.