

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44092**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11808**

WRITE PLAINLY—USING UNFADEING 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 <i>21690</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>	c. LENGTH OF STAY (in this place) <i>2 mos.</i>	c. CITY OR TOWN <i>St. Louis</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		STREET ADDRESS (If rural, give location) <i>16 3208 Morganford Road</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) VIRGINIA	b. (Middle) ELIZABETH	c. (Last) TURNER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1954
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 14 1897</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>11</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Belgrade Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.G.</i>
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13a. FATHER'S NAME <i>Spander Meyers</i>	13b. MOTHER'S MAIDEN NAME <i>Lucy Kirkpatrick</i>	14. NAME OF HUSBAND OR WIFE <i>Oman Turner</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME <i>Oman Turner</i>	ADDRESS <i>St. Louis Mo.</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left breast, metastatic		
	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 checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>170X</i>
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22. I hereby certify that I attended the deceased from *10-28-* 19*54*, to *12-25-54*, 19___, that I last saw the deceased alive on *12-25-54*, 19___, and that death occurred at *7:45 Am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>F. Bradley</i>	(Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 12-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-27-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Methodist Calvary Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
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DATE REC'D BY LOCAL REG. DEC 28 1954	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Spahr</i>	ADDRESS <i>Potosi Mo.</i>
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1931

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 *Murphy Sparks*
Licensed Embalmer No. *4250*
P. O. Address *Old River*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.