

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38984

State File No. 9846

Registrar's No. 9846

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9846		Registrar's No. 9846			
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) 50 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4102 Walsh Street				e. STREET ADDRESS (If rural, give location) 15 4102 Walsh Street 215/0							
3. NAME OF DECEASED (Type or Print) a. (First) NOLAN			b. (Middle) J.		c. (Last) TURNER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1955				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 29, 1884		9. AGE (in years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired policeman		10b. KIND OF BUSINESS OR INDUSTRY Metrop. Police		11. BIRTHPLACE (City and State or Foreign Country) Vivey, Indiana			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Joshua Turner			13b. MOTHER'S MAIDEN NAME Betty unknown			14. NAME OF HUSBAND OR WIFE Carrie Kruck 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. 500-34-8232		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Turner 4102 Walsh Street							
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4434						20. AUTOPSY? YES <input 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) (m.)		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 Sept 24, 1955, to Nov 9, 1955, that I last saw the deceased alive on 11/9, 1955, and that death occurred at 4:45 A.M., from the causes and on the date stated above.											
23a. SIGNATURE Jas. J. J. J. M.D.				(Degree or title)				23b. ADDRESS 5521 S. Parkway		23c. DATE SIGNED 11/11/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE Nov. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
DATE REC'D BY LOCAL REG. NOV 12 1955		REGISTRAR'S SIGNATURE J. Carl Smith - M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave.						

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

Dr. Jos. A. Graneto
5521 So. Bdway

1-3 7-8 except Wed.

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. None working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Krupar

Licensed Embalmer No. 3

P. O. Address St. Paul

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.