

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42714**
Registrar's No. **11447**

FILED JAN 6 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) Byr, 4 mo 13 da		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 St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 5600 Arsenal	

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) _____ c. (Last) Turner			4. DATE OF DEATH (Month) 12 (Day) 21 (Year) 1955		
5. SEX F		6. COLOR OR RACE N		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH 3/7/1872			9. AGE (In years last birthday) 83		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Joe Avant		13b. MOTHER'S MAIDEN NAME Emily Taylor		14. NAME OF HUSBAND OR WIFE ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Hospital Records	
				ADDRESS 5800 Arsenal St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			DUPLICATE			1 1/2 months		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE			years		
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Decubitus Ulcers								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4/22, 19 52, to 12/21, 19 55, that I last saw the deceased alive on 12/21, 1955, and that death occurred at 12:55 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Gene M. Juwana, M.D.</i>		(Degree or title) _____		23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED Dec 22, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-31-55		24c. NAME OF CEMETERY OR CREMATORY Anatomical Boara		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. DEC 29 1955		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker Mortuary Service			
				ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.			

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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