

XC20174941 SL 13645

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19377
STATE FILE NUMBER
4727
REGISTRAR'S NO.

FILED JUN 3 1957

318

1003

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN 915 N. GRAND. ST. LOUIS MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN E. ST. LOUIS 8120 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b 35 HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL 4 DAYS		d. STREET (If outside, give location) Reside on Farm 32 ADDRESS 1705 CLEVELAND. AVE. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROSCOE C TURNER			4. DATE OF DEATH Month Day Year 5-18-57
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-23-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY CITY HOUSING AUTHORITY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 63 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) EAST CORONDLLET ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM TURNER		14. MOTHER'S MAIDEN NAME SADIE DAVIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. 357-10-8385	
17. INFORMANT Address MISSOURI.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of right pyriform fossa Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Empyema of left pleural space	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 Mons +	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 147x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-14-57 to 5-18-57 and last saw the live on 5-18-57 Death occurred at 2:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Ellis M. D.		22b. ADDRESS VAH. ST. LOUIS, MISSOURI	
22c. DATE SIGNED 5-18-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	
23b. DATE May 22, 1957		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
23d. LOCATION (City, town, or county) (State) Belleville, Ill		24. GENERAL DIRECTOR Chas M. Burke	
25. DATE RECD. BY LOCAL REG. Ill MAY 20 '57		26. REGISTRAR'S SIGNATURE Carl Smith	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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..... *Chas M. Burr*

Licensed Embalmer No.....2

P. O. Address East..... St. I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.