

t. Health,
& Welfare
s. Public
h Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023835

STATE FILE NUMBER
5901

FILED JUN 24 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
v. 1-57
3

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St Louis</i> OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Doan Home Phillip</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>3069 4828 Maffair</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Grace Turner</i>			4. DATE OF DEATH Month Day Year <i>June 4 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>30 May 1904</i>
9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>52</i> (not birthday) Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
11. BIRTHPLACE (City and state or country) <i>St Charles Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Harrison Ferguson</i>		13b. MOTHER'S MAIDEN NAME <i>Telson</i>	
14. NAME OF HUSBAND OR WIFE <i>John B. Turner</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>John Turner 4828 Maffair</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured Cerebral Aneurysm</i> DUE TO (b) _____ DUE TO (c) <i>330x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at <i>1125 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Signed or title) <i>James M. Kelly Deputy Registrar</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>6-5-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>9 June 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <i>Tibbetts Mo.</i>	
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389 N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 7 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Saul V. Freeman*

Licensed Embalmer No. *4686*
P. O. Address *4729 Ham*

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.