

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019867

STATE FILE NUMBER 1501
REGISTRAR'S NO.

FILED JUN 9 1959

Registration District No. 317

Primary Registration District No. 541

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-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Maplewood 4544	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		d. STREET ADDRESS 7211 Sarah St.	
Length of stay in 1b 6 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert BRUCE Turley			4. DATE OF DEATH Month Day Year 5-31-59
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-24-1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY Nil	9. AGE (In years last birthday) 4
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Roger Turley		13b. MOTHER'S MAIDEN NAME Betty Hysinger	14. NAME OF HUSBAND OR WIFE above
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. None	17. INFORMANT Roger Turley, Address above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema			INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SKULL FRACTURE, OPEN			5-25-59 to
DUE TO (c) _____			5-31-59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 0 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) CHILD JUMPED FROM CAR IN FRONT OF CAR - WAS STRUCK BY RND EAR	
20c. TIME OF INJURY Hour Month, Day, Year 10⁰⁰ p.m. JUNE 25, 1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET	
20e. CITY, TOWN, OR LOCATION MAPLEWOOD		20f. COUNTY STATE ST. LOUIS MO.	
21. I attended the deceased from May 26-1959 to May 31-1959 and last saw ^{her} _{him} alive on May 31-1959 Death occurred at 1:59 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Nancy Vorge, M.D.		22b. ADDRESS 601 S. Brentwood Bl.	
22c. DATE SIGNED 5-31-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-3-1959	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.		25. DATE RECD. BY LOCAL REG. 6-2-59	
26. REGISTRAR'S SIGNATURE J. B. Murphy, M.D., Jr.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *H. S.*

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.