

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3715 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1963

VS 300
Rev. 4/59

1 4002
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. * SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON MO</u> Length of stay in lb OR TOWN <u>3 YRS</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>1009 CORNELL</u> HOSPITAL		d. STREET ADDRESS (If outside, give location) <u>1009 CORNELL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ADDIE LEE TURNER</u> First Middle Last		4. DATE OF DEATH <u>DEC 16 1962</u> Month Day Year	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 18 1922</u> 40 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>DOMESTIC</u>		11. BIRTHPLACE (City and state or country) <u>HOME GROVE TEX U.S.A.</u>	
13a. FATHER'S NAME <u>ERNEST HAMPTON</u>		14. NAME OF HUSBAND OR WIFE <u>ADDIE LEE TURNER U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. INFORMANT <u>UNKNOWN</u> Melvin Turner 312 Madison	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
<u>Respiratory arrest</u>		<u>2 years</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Pulmonary hypertension</u>	
		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
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 checked="" 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 _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. H. White, M.D.</u> (Degree or title)		22b. ADDRESS <u>601 S. Brentwood</u>	
22c. DATE SIGNED <u>12/17/62</u>			
23. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE	
<u>Burial 12-20-62</u>		<u>12-20-62</u>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) State	
<u>Father Dicksons Cemetery</u>		<u>Webster Groves MO</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
<u>J. G. Gandy 1009 Cornell</u>		<u>12-19-62</u>	
		26. REGISTRAR'S SIGNATURE <u>J. G. Gandy M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 *Edward J. [unclear]*

Licensed Embalmer No. *4243*

P.O. Address *2264 S. [unclear]*
White Grove, Ill.

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.