# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

10413

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 784 — File No.:
Township: St. Ferdinand — Primary Registration District No.: 6030 — Registered No.:
City: (No. 2629a Hiscamp St. Ward)

2. FULL NAME: David Robert Turner

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 27 1927

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 11 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: David Turner
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Bernadine Otto
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Bernard Turner
(Address): 2629a Hiscamp St.

15. FILED 3-24, 1928 — J. N. Schuldes, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-23 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1928, to Mar. 23, 1928, that I last saw him alive on 23 Mar., 1928, and that death occurred, on the date stated above, at 4 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enterocolitis
Acute
11/1/28 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY): La Grippe
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? 2629a Hiscamp
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. M. Dupree, M. D.
3/23, 1928 (Address) 8415 Jennings Rd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: 3-24 1928
20. UNDERTAKER: Arthur J. Donnelly — ADDRESS: 2039 Walsh

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28 1928