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

Do not use this space.

35134

1. PLACE OF DEATH

County..... Registration District No. 791 File No.

Township..... Primary Registration District No. 1003 Registered No. 10116

City St Louis (No. St Louis Hospital St. Ward)

2. FULL NAME Florence Gertrude Turner

(a) Residence. No. 5353 Maffit 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter G Turner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-3-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home 91B 127B
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Geo M. Singleton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Delia Conney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Walter G Turner
(Address) 5353 Maffit

15. FILED OCT 15 1928 19 Mary B Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1928

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1928, to October 13, 1928 that I last saw h. alive on October 13, 1928 and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) J. M. Brown, M.D.

Oct 15, 1928 (Address) 2867 a Union Blvd

*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 Laurel Hill — DATE OF BURIAL Oct 16 1928

20. UNDERTAKER Drehmann Horval — ADDRESS 1905 Union

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.

WRITE PLAINLY, WITH UNFADING INK

16 - 12 a [illegible]
1 - 3 p [illegible]
St Lucia & Uniontown