JAN 28 1929

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

Do not use this space.

42356

1. PLACE OF DEATH

County St. Louis — Registration District No. 788 — File No.

Township ~~St. Louis~~ — Primary Registration District No. 4471 — Registered No. 120

City Webster Groves, Mo. (No. ..... St. ..... Ward)

2. FULL NAME James Henry Tureman

(a) Residence. (Usual place of abode) No. 562 S. Rockhill Rd. St., ... Ward. Webster Groves, Mo ~~(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*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	"	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Radio Sales

(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): St. Louis, Mo

PARENTS

10. NAME OF FATHER: Jos. Tureman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Williamsburg, Mo.

12. MAIDEN NAME OF MOTHER: Mona B. Lucas.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Freetown Ind.

14. INFORMANT (Address): Joseph Tureman, cea 562 S Rock Hill Rd

15. FILED 12-19 1928 Arthur H Westrup REGISTRAR per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec. 18, 1928 that I last saw him alive on Dec. 17, 1928, and that death occurred, on the date stated above, at 4:05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococcus Septicemia (Viridans)

30 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) 41

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? not known

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 3 Blood Cultures

(Signed) Frank P. Gaunt, M.D

, 19 (Address) 122 W. Lockwood, Webster Groves

*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: Fulton Mo

DATE OF BURIAL: Dec 20 1928

20. UNDERTAKER: Parker Und Co

ADDRESS: Webster Groves

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.