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

Do not use this space.

16258

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 7003

City St. Louis. (No. ..... St. Luke's Hosp. St. 12 Ward)

File No. .....

Registered No. 4297

2. FULL NAME Emmet O Turner

(a) Residence. No. 4034 Waverly St., IV Ward. E. St. Louis. Ill.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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)
Male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 8, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	57	10	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Jeweler.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Owner.

9. BIRTHPLACE (CITY OR TOWN) Dallas
(STATE OR COUNTRY) Georgia

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Margaret Manning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Emmet Turner Jr
(Address) 4034 Waverly Place

15. FILED APR 12 1920 Ray C. Tatlery E. St. Louis Ill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-11 1929

17. I HEREBY CERTIFY, That I attended deceased from March 11, 1929, to April-11, 1929, that I last saw h. alive on April 11 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia Toxaemia
Pyelo Nephritis 1328

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Calculous Pyelonephritis.
Senile (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo Cleaver M. D.

19 (Address) University Club Bld

*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 Mt. Hope Cem. E. St. Louis. Ill

DATE OF BURIAL April 13 1920

20. UNDERTAKER C. Schumann Jr.
Kurrus Und. Co

ADDRESS E. St. Louis. Ill

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

40 31 31 16 60

J. R. Caulk.