

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.

FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis Mo (No. Barnes Hospital)

File No. 3243  
Registered No. 903  
St. .... Ward

2. FULL NAME Fred Clarence Turner

(a) Residence, No. 6334 Etzel Ave St. 5 Ward.

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. Louis County  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newburg Mo

13. NAME John D. Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Forster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Rosalie Turner (ADDRESS) 6334 Etzel Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Holla Mo DATE Jan 27, 1934

19. UNDERTAKER Wiegandson & Antwanis (ADDRESS) 4134 Massachusetts Ave

20. FILED 20 1934 19 J. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1934 to 1-25-1934  
I last saw him alive on 1-25-1934. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Abrupto pneumonia, left. Date of onset 7  
107A  
34  
Other contributory causes of importance: metastasis, ac. et. pudent  
syphilis, tertiary

Name of operation metastectomy Date of .....  
What test confirmed diagnosis? Kray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) E. W. Moran, M. D.  
(Address) Barnes Hospital

RECEIVED  
JAN 10 1942

NOV 10 1941

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

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