APR 11 1936

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

Do not use this space.

12723

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 2761

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

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

2. FULL NAME Gertrude Turner

(a) Residence, No. 3736 W. Pine St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female
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 Walter Turner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 1870

7. AGE YEARS 65 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Louisville Ky.

FATHER

13. NAME Unknown Burchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Molly Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

17. INFORMANT (ADDRESS) Katherine Strode 3919 Potomac

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews DATE 3-13 1936

19. UNDERTAKER (ADDRESS) Witt Bros & Co. 2929 S. Jefferson Av.

20. FILED MAR 13 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1936, to March 11, 1936

I last saw her alive on March 11, 00, 1936. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset ?

Other contributory causes of importance:
arterio-sclerosis
senility — ?

Name of operation — Date of .....

What test confirmed diagnosis? Phy. exam Was there an autopsy? yes?

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) D. L. Jennings, M. D.
(Address) 4101 Washington

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.