

AUG 18 1936

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

Do not use this space.

791

28311

1. PLACE OF DEATH

County..... Registration District No. **1002**
Township..... Primary Registration District No. **2**
City **St. Louis** (No. **City Hospital 2**)..... St. Ward)

File No.
Registered No. **7069**

2. FULL NAME

Sam Turner
(a) Residence, No. **121 So Champeau** St. **21** 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 **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct-20**

7. AGE YEARS **5-6** MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labors**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Common**
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) **Mo.**13. NAME **George Turner**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**15. MAIDEN NAME **Lily Nash**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**17. INFORMANT (ADDRESS) **Ella Stewart**18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Disposition** DATE **July 14 1936**19. UNDERTAKER (ADDRESS) **F. A. ...**20. **JUL 13 1936** 19..... **J. K. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 6, 1936**22. **No physician in attendance.** I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **12:00A.**

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

Date of onset

Stab Wounds of Abdomen, General Peritonitis, Perforation of Intestine, caused by knife in the hands of one Robert Patton (Col) in St. Louis, Mo.
Other contributory causes of importance:

HOMICIDE.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes.**23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Hom.** Date of injury **6/25, 1936**Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. **In Home**Manner of injury **Stabbed by person (knife).**Nature of injury **Stab Wounds of Abdomen.**24. Was disease or injury in any way related to occupation of deceased? **No.**

If so, specify.....

(Signed) **J. K. Bredek**, M.B.(Address) **St. Louis, Mo.****7/8/36**

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.

