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

Do not use this space.

JUL 8 - 1937

791
1003

22326
6078

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 6078

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

City St. Louis (No. City Hospital No.1 St. ..... Ward)

C. 3775

2. FULL NAME Junior Turner

(a) Residence, No. 2543 a Benton St., 2D Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	0	2D	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis

FATHER

13. NAME Walter Turner

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

MOTHER

15. MAIDEN NAME Mary ?

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

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 6-26-37, 19

19. UNDERTAKER David Ufferman
(ADDRESS)

20. FILED JUN 23 1937 G. F. Briedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/17/37, 19, to 6/21/37, 19

I last saw him alive on 6/21/37, 19 Death is said to have occurred on the date stated above, at 4. 30 m.a

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

Bronchopneumonia

Other contributory causes of importance:

Empyema

Name of operation Pleuropneumonectomy Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) [illegible] M. D.

(Address) City Hospital No.1

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.