

NOV 23 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38860
Do not use this space

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160
 (b) Township _____ Primary Registration District No. 4470 Registered No. 101
 (c) City St. Louis (d) Street No. 6900 Washington Blvd. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John E. Turner

(a) Residence, No. 6900 Washington Blvd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/37 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 6/15/35 1935 to 10/15/37 1937

I last saw him alive on 10/14/37 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1870
 7. AGE YEARS 66 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

Cerebral occlusion 10/15/37
94 B

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

Other contributory causes of importance: hypertension insufficient 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Missouri

13. NAME Wm. Turner

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1937
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Raymond W. Peters
 (ADDRESS) 14 Clermont Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Oct. 16 1937

19. FUNERAL DIRECTOR Robert J. Ambruster
 (ADDRESS) Clayton Road at Concordia Lane

20. FILED Oct 16 1937 Virginia Hirsch (Address) Bureau of Vital Statistics
 Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

96
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5

2

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32

2
1

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edward H. Bockhorst

L. E.

No. 2502 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1994

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)