

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

1111
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **ST. LOUIS Mo.** (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St. A

(e) Length of residence in city or town where death occurred **5** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **ERNESTINE TURNER 656**

(a) Residence, No. **2005 CARR ST.** St. **21** (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE**

4. COLOR OR RACE **COLORED**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JANUARY 27th 1923**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
	14	11	27	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. **STUDENT**

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) **MISSOURI**

FATHER

13. NAME **WILLIAM TURNER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

MOTHER

15. MAIDEN NAME **EVELYN WILLIAMS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

17. INFORMANT (ADDRESS) **STELLA BRADY 5600 ARSENAL ST.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Poplarbluff** DATE **Jan 26 1938**

19. FUNERAL DIRECTOR (ADDRESS) **1701 North 9th St. Odessa**

20. FILED **JAN 26 1938** **J. F. Brebeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/19/1938**

22. **12/4/1937** HEREBY CERTIFY, That I attended deceased from **1/19/1938**

I last saw her alive on **1/19/1938** Death is said to have occurred on the date stated above, at **5:20 P.M.**

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

Pulmonary Tuberculosis

Other contributory causes of importance:

None

Name of operation 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? **None** (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) **Stella Brady** M. D.
 (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, F. A. Green, Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. A. Green

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed F. A. Green

Licensed Embalmer No. 2963

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.)