REC'D APR 11 1938

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

Do not use this space.

File No. 8547
Registered No. 2135

1. PLACE OF DEATH

County 2 Registration District No. 791
Township 1 Primary Registration District No. 1003
City St. Louis (No. 2818a Nebraska Ave. St. Ward)

2. FULL NAME John Turner 1,56

(a) Residence, No. 2818a Nebraska Ave. St., Ward 24
(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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2-1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Harness Cutter
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) England

FATHER

13. NAME John Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Anna Turner
(ADDRESS) 2818a Nebraska Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park March 3, 1938

19. UNDERTAKER Thos Curtis.
(ADDRESS) 2906 Iowa Ave

20. FILED MAR 2 1938 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1938, to Mar 1 1938
I last saw him alive on Feb 28 1938. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder, Urinary	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Surgical 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? No
If so, specify
(Signed) H. B. D. Pigg M. D.
(Address) 1446 S. Grand

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.

Embalmed by THOS. KUTIS L.E. 1619

L.E. 1619

Thos. Kutis

L.E. 1619