

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

9405  
Do not use this space.

1. PLACE OF DEATH **REC'D APR 11 1938**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis** (d) Street No. **DePaul Hospital** 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 **Wm. E. Turner 656**

(a) Residence, No. **3301 North Eleventh St.** St. **26** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF **Etta Haus Turner**  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 25 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**56 -- 4**

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Bunker Hill Ill**  
 (STATE OR COUNTRY)

FATHER 13. NAME **William Turner**

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

MOTHER 15. MAIDEN NAME **Marthe Cuep**

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

17. INFORMANT **Etta Turner**  
 (ADDRESS) **3301 North Eleventh St**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Kelleys Hill** DATE **3/31 1938**

19. FUNERAL DIRECTOR **Budemeier General Home**  
 (ADDRESS) **1936 St Louis Ave**

20. FILED **MAR 29 1938**  
**J. Bredeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 29 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 28, 1938, to March 29, 1938**

I last saw him alive on **3-29-38**, 19... Death is said to have occurred on the date stated above, at **12:30 A M**

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

*Cerebral Occlusion  
 Diabetes Mellitus  
 Lymphosarcoma  
 Primary seat unknown*

Other contributory causes of importance:  
*Arteriosclerosis, general*

Date of onset **3-25-38**  
 Unknown  
 Unknown

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **Pituitary** Was there an autopsy? **No**

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) **E. C. Gottlieb** M. D.  
 (Address) **607 N Grand St  
 St Louis Mo**

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.

I. X12004

