REC'D MAY 24 1938

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

Do not use this space.

10
2
6

1. PLACE OF DEATH
County: Scott
Township:
City: Benton (No. ..... St. ..... Ward)

Registration District No. 814
Primary Registration District No. 4490

File No. 15981
Registered No.

2. FULL NAME Robert Martin Turmenstein 655

(a) Residence, No. Benton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF: Margarete Turmenstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 27-1868

7. AGE: YEARS 69 | MONTHS 6 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

FATHER
13. NAME: G. A. Turmenstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mrs Harney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Eastwood Turmenstein

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park
PLACE: Cape Girardeau DATE: Apr. 9, 1938

19. UNDERTAKER (ADDRESS): Bishinghoff Undertaking Co

20. FILED 4-9, 1938 U. P. Haw Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to April 7, 1938
I last saw him alive on April 7, 1938. Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
9410	

Other contributory causes of importance: Coronary occlusion.

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? .....
(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) U. P. Haw, M. D.
(Address) Benton, Mo

7388

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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