

REC'D JUL 12 1938

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

19966

Do not use this space.

5105

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis, Mo.** (d) Street No. **St. Lueck's 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 **Percy E. Turner** **656**

(a) Residence, No. **4237A Detonty St.** St. **17**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Pearl Turner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 29th, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 3

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. **Union Organizer**
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) **Waldoboro, Maine**FATHER 13. NAME **Barden Turner**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maine**MOTHER 15. MAIDEN NAME **Mary Levensaler**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maine**17. INFORMANT **Mrs. Pearl Turner (Wife)**
(ADDRESS) **4237A Detonty St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Peters** DATE **6/4/38**19. FUNERAL DIRECTOR **Kraeger-Voss-Fix, Inc.**
(ADDRESS) **3402 N. Kingshighway**20. FILED **JUN 19 1938** **J. F. Bredner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 6, 1938**22. I HEREBY CERTIFY, That I attended deceased from **May 20, 1936** to **June 1, 1938**, 19**38**I last saw him alive on **June 1, 1936** Death is said to have occurred on the date stated above, at **9 P.M.**

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

High nephroses etc.,
Primary seat right kidney
Date of onset

Other contributory causes of importance:

Metastasis to Lungs
Secondary Anemia
Heart failure

Name of operation Date of

What test confirmed diagnosis **(H. Ray)** Was there an autopsy? **Yes**

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 **(SANFORD)**(Signed) **J. F. Bredner**, M. D.(Address) **3720 Washington**

STATEMENT BY LICENSED EMBALMER

I,; Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Ging W Wilkerson*

Licensed Embalmer No. *3575*

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.)