

DEC 12 1938

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

37722
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 10049
 (c) City ST LOUIS (d) Street No. 211 So. 21st 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

(a) Residence, No. 211 So. 21st St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1938, to Nov 15, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

I last saw h. Nov 9, 1938 alive on Nov 9, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

7. AGE YEARS ABOUT 65 MONTHS + DAYS - If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NIL
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Chronic myocarditis Date of onset
hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V.A.

Other contributory causes of importance:

FATHER 13. NAME UNKNOWN

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME UNKNOWN

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) GRANT WILLIAMS
211 So. 21st St

Name of operation Date of

What test confirmed diagnosis? chem Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11-22-38

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.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. GANNON
2829 WASHINGTON

Manner of injury Nature of injury

20. FILED NOV 21 1938 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) [Signature] M. D.
(Address) 2775 Frank

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No. *3389*

P. O. Address

3028 Dickson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.