

DEC 12 1938

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

37858  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County.....  
(b) Township.....  
(c) City St. Louis  
(e) Length of residence in city or town where death occurred yrs. mos. ds.
- Registration District No. 791  
Primary Registration District No. 1008  
(d) Street No. Barnes Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 101852. PRINT FULL NAME Wilbur Stanley Turpin

- (a) Residence, No. 2222 Edward St. St. W. R. Decatur, Illinois  
(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 Margaret Turpin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
46 46

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.  
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) Illinois

- FATHER 13. NAME Chauncey Turpin

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

- MOTHER 15. MAIDEN NAME Best

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

17. INFORMANT Margaret Turpin  
(ADDRESS) 2222 Edward St Decatur Ills.

18. ~~PLACE OF BURIAL~~ REMOVAL PLACE Decatur Ills DATE Nov 23rd 1938

19. FUNERAL DIRECTOR (NAME) Wagoner Und. Co.  
(ADDRESS) 3622 Olive Street

20. FILED NOV 23 1938 19 1938  
J. B. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-38 19

22. I HEREBY CERTIFY, That I attended deceased from 6-30-38, 19, to 11-23-38, 19.

I last saw him alive on 11-23-38, 19. Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Bronchiogenic carcinoma, left Date of onset

Other contributory causes of importance:

Auricular flutter

Name of operation Total pneumectomy, left Date of 6-12-38

What test confirmed diagnosis? 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?  
If so, specify

(Signed) Alfred J. Guller, M. D.  
(Address) Barnes Hospital

**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

*Neville D. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

**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.)**

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