

JUN 10 1939

RECEIVED JUL 8 1939

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

23320
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 2
(c) City Jefferson Barracks (d) Street No. Williams Hosp. St.
(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 Joseph C. Turner

(a) Residence, No. 656 St. Jonesboro, 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) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1892
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Jonesboro, Illinois
(STATE OR COUNTRY)

13. NAME James Turner

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

15. MAIDEN NAME Almeda Lewis

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

17. INFORMANT Medical Clerk, VAF Jefferson Barracks, Missouri.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jonesboro Ill DATE June 12, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc
(ADDRESS) 4700 Washington Blvd.

20. FILED JUN 10 1939 W. R. Meigs Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1939, to June 10, 1939

I last saw him alive on June 10, 1939 Death is said to have occurred on the date stated above, at 6:10 A. M.
The principal cause of death and related causes of importance were as follows:

Abscess right lung with broncho pleural fistula, following influenza. Date of onset About 3 mo.

Other contributory causes of importance: None

Name of operation None Date of -
Phy. clinical manif. and lab. - What test confirmed diagnosis? - 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 -, 1939

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 See above
(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, 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.

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.....



Licensed Embalmer No. 2471

P. O. Address.....

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.