DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27646

Registration District No. REC'D SEP 14 1939 791

Primary Registration District No.

Registrar's No. 7146

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8/7/39 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 211 S Ewing
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lela Turner 656

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Turner

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 12, 1885 (Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation nil

11. Industry or business Miss

FATHER
12. Name Edward McNary
13. Birthplace Ohio (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Eliza ?
15. Birthplace Miss (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature Geo Turner
(b) Address 2335 Easton Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17 39 (Month) (Day) (Year)
(c) Place: burial or cremation Arthur Dickson

18. (a) Signature of funeral director Allen Davies
(b) Address 5933 Delmar

19. (a) AUG 17 1939 (Date received local registrar) (b) J. F. Bodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1939 hour 11 minute 20 p M.

21. I hereby certify that I attended the deceased from Aug. 7, 1939, 19, to Aug. 11, 1939, 19;
that I last saw her alive on Aug. 11, 1939, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive heart disease	2 yrs.
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Major findings: Of operations --	
Of autopsy --	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N Whittier Date signed 8/15/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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.....

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.