

RECD SEP 14 1939 **791**

Registration District No. 1003

Primary Registration District No. _____

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: 4614 Delor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Arthur J. Turgeon **625**
3. (b) If veteran, name war World War 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Turgeon 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased January 13, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Office Manager Retired 12/40

11. Industry or business Cudahy Packing Co.

MOTHER FATHER
12. Name Joseph Turgeon
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gertrude Turgeon
(b) Address 4614 Delor St.

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

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) AUG 25 1939 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4614 Delor St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 23rd
year 1939 hour 8:30 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gumma of the Brain;
Contrib: Lues;

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 8-25-39

Duration

PHYSICIAN

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

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.

: DUET :

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 *Reinhold K Lohman*

Licensed Embalmer No. *3395*

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.