

4-1940
No. 2
11-10-39
1-17-39
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FILED APR 8 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12303

Registration District No. 784 Primary Registration District No. C01 Registrar's No. 456

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 4 days
In this community 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Webster Groves
(d) Street No. 1009 Cornell
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME 656 Leatar Turner
(b) If veteran, name war? (c) Social Security No. ?

20. DATE OF DEATH: Month Mar. day 3 year 1940 hour 7 minute: 40 A. M.

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert Turner 6. (c) Age of husband or wife if alive? years
7. Birth date of deceased Sept. 25 1892

21. I hereby certify that I attended the deceased from 2-28-40 to 3-3-40
that I last saw her alive on 3-3-40
and that death occurred on the date and hour stated above.
Immediate cause of death Renal failure myocardial failure

8. AGE: Years 47 Months 5 Days 7 If less than one day hr. min.

Due to arterio sclerotic heart disease

9. Birthplace: Unknown Ark. (State or foreign country)

Due to 95 f 2

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name George Burns

13. Birthplace Unk. (State or foreign country)

14. Maiden name Addie Unknown

15. Birthplace Ink. (State or foreign country)

16. (a) Informant Robert Turner (b) Address 1009 Cornell

17. (a) (b) Date thereof 3/6/40 (c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. Lewis

(b) Address 52 Concord

19. (a) (b) (c)

PHYSICIAN'S
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature R. J. Rossow (M. D. or other)
Address Co. St. Louis Date signed 3-4-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *J. E. Lewis*
Licensed Embalmer No. 21027
P. O. Address 22 Euclid Webster

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.