

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(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:
3406 Clark Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 (Specify whether
 In this community 18 yrs.
 years, months or days)

8. (a) PRINT FULL NAME Edward Turner

8. (b) If veteran, name war Nil 8. (c) Social Security No. 490-14-9170

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Turner 6. (c) Age of husband or wife If alive 59 years

7. Birth date of deceased August 17, 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 7 20 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown13. Birthplace Unknown
 (City, town, or county) (State or foreign country)14. Maiden name Prigilla (Unk)15. Birthplace Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant's own signature Fannie Turner(b) Address 3406 Clark Ave

17. (a) Burial (b) Date thereof 4/16/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Illinois18. (a) Signature of funeral director J. M. C. Hill(b) Address 3517 Dailed Ave

19. (a) APR 16 1940 (b) J. B. [Signature]
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis P8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3406 Clark Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
 year 1940 hour 9:30 minute 18 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 _____

Chronic Myocarditis
 Due to _____

Oh Intermittent
 Due to _____

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

Major findings: MI
 Of operations _____

Of autopsy _____

Duration

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? _____

While at work _____ (Specify type of place)
 (e) Means of injury _____

28. Signature [Signature] (If Doctor, other)Address [Signature] Date signed _____

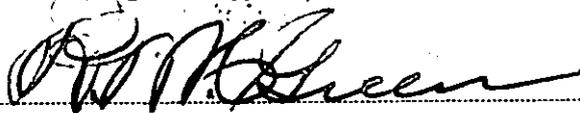
STATEMENT BY LICENSED EMBALMER

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.

1173

P. O. Address.....

3517 Laclede

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.