

564
No. 2
11-10-39
1-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13283

FILED MAY 10 1940

State File No. 3485

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community _____
years, months or days)

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Turner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 2 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 12 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name ???? Freeman
13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)
14. Maiden name ???? Jones
15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Stevens
(b) Address M2332 Madison St

17. (a) Burial (b) Date thereof April 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Petz Brothers
(b) Address 3029 Lafayette Ave

19. (a) APR 17 1940 (b) _____
(Date) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2332 Madison St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14,
year 1940 hour 5:40 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from April
12, 1940, to April 14, 1940
that I last saw her alive on April 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Paratuberculosis
not mumps

Due to _____
Due to _____

Other conditions 126
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Vegetative endocarditis
Cholelithiasis stone

Duration

4 days

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 _____

23. Signature Henry J. Florich (M. D. or other) _____
Address 1515 Lafayette St. Louis

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St. Louis Mo

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.