

13465

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MAY 15 1940

Registration District No. \_\_\_\_\_

789

Primary Registration District No. 1003

Registrar's No. 3667

## 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:  
Homer & Philips 1008  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community about 4.5 yrs  
 years, months or days

3. (a) PRINT FULL NAME FRANK TURNER <sup>656</sup>

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Jehanne 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased Sept 20 1864  
(Month) (Day) (Year)8. AGE: Years about 75 Months 6 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Rabinson County Tenn  
(City, town, or county) (State or foreign country)10. Usual occupation Laborer11. Industry or business Terminal R.R.12. Name Aryon Turner13. Birthplace not know Tenn  
(City, town, or county) (State or foreign country)14. Maiden name not know15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jennie Turner(b) Address 2718 N Jefferson17. (a) Burial (b) Date thereof 4-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Broadway18. (a) Signature of funeral director J. H. Schordan(b) Address 2625 Glasgow19. (a) APR 23 1940 (b) J. H. Schordan  
(Date received local registrar) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County \_\_\_\_\_  
 (c) City or town St Louis 20  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2718 N Jefferson  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20  
year 1940 hour 12 minute 50 A.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  
Chronic Interstitial Nephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 131  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Walter Perry (M. D. or other) \_\_\_\_\_Address Jefferson Date signed 4-25-40

PHYSICIAN

Underline the cause to which death should be charged statistically

(Licensed Embalmer's Statement on Reverse Side)

WHILE FILLING IN USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I 10851

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.

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**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 *W. P. Richards*

Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

**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.**