. No. 2
-11-10-39
5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1940

State File No. 19842

Registration District No. 791

Primary Registration District No.

Registrar's No. 4790

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

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 G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo., 25 days (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3912 Enright
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fred Turner 656

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Luvenia Turner

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April, 9, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	18	hr. min.

9. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture Mover

11. Industry or business

FATHER
12. Name Fred Turner
13. Birthplace Nashville Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bell Neal
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Luvenia Turner
(b) Address 3912 Enright ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Wash st.

19. (a) JUN 1 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 27
year 1940 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from 4-2-, 1940, to 5-27-, 1940
that I last saw him alive on 5-27-, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pleurisy with Effusion	About 4 Mos.
Due to probably pulmonary tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

23

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

23. Signature H. J. Lyman (M. D. or other)
Address 2601 N. Whittier St. Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. B.

....., Registered Apprentice No. Mphf

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 29

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.