S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 776

Registrar's No. 776

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: Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 16 das (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town 2951 Easton 2117
(If outside city or town limits write "RURAL")

(d) Street No. 2951 Easton 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Turner

3. (b) If veteran name war SS. 489-18-0774

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Oct. (Month) 29 (Day) 1912 (Year)

8. AGE: Years 28 Months 2 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Tulsa (City, town, or county) Okla. (State or foreign country)

10. Usual occupation Laborer (Unemployed)

11. Industry or business

FATHER
12. Name Henderson Turner
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Grant
15. Birthplace — (City, town, or county) S.C. (State or foreign country)

16. (a) Informant Elizabeth Turner
(b) Address 4300 Garfield Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park.

18. (a) Signature of funeral director McDowell
(b) Address 3506 Franklin Ave.

19. (a) JAN 24 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1941 hour 6:25 minute P.M.

21. I hereby certify that I attended the deceased from December 3, 1940, to January 19, 1941;
that I last saw him alive on January 19, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Endarteritis	3 mos
Cholecystitis, non Calculous	8 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. A. McDowell (M. D. or other)
Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

1-23-41

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address _____

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.