

b. 2
3-40
7-39
K23159

Registration District No. **791 1**

Primary Registration District 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:
6926 Waldemar Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Jessie E. Turner,

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female race White 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife Ira Turner 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 31, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 14 hr. min.

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

10. Usual occupation At home

11. Industry or business Housewife

12. Name Joseph M. Bowman

13. Birthplace Northumberland, Va.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Rayot,

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Bowman

(b) Address 6926 Waldemar Avenue,

17. (a) Cremation (b) Date thereof 2/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) FEB 17 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis. 174
(If outside city or town limits, write "RURAL")
(d) Street No. 6926 Waldemar Avenue,
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15,
year 1941 hour 7 5 minute ? A.M.

21. I hereby certify that I attended the deceased from
February 14th, 1941 to February 15, 1941;
that I last saw h. or alive on February 14th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral hemorrhage 1 day
Due to Chronic endocarditis 3 years

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: No operation
Of operations.....
Of autopsy No autopsy

Duration
1 day
3 years
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 Thos. J. Riel (M. D. & 3062)
Address 7465 Hazel Avenue. Date signed 2/16/41

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.....

Licensed Embalmer No. 1994.....

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, fact should be so stated above.