V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

956

State File No. 725

FILED FEB 24 1941

Registration District No. 1 Primary Registration District No. 1003 Registrar's 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: 4134 St. Louis Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4134 St. Louis Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Margaret Turnure

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife James Turnure
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased March (Month) 23 (Day) 1905 (Year)

8. AGE: Years 36 Months 10 Days 30 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name James Kavanaugh
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Margaret Tormey
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant James Turnure
(b) Address 4134 St. Louis Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.
19. (a) JAN 23 1942 (Date received local registrar) (b) J F Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1942 hour 1 minute 25 a M.

21. I hereby certify that I attended the deceased from Oct 3, 1941, to Jan 22, 1942, that I last saw her alive on Jan 22, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 5-22-41

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 0

23. Signature Emmett Byrne (M. D. or other) M.D.
Address 9802 N. Grand Blvd. Date signed 1-22-42

844 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.