

FILED MAR 31 1942

Registration District No. **184**

Primary Registration District No. **200**

Registrar's No. **604**

96
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Koch
 (c) Name of hospital or institution: Robert Koch Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Robert Koch Hospital 10 months
 (Specify whether years, months or days)
 In this community 27 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4635 Cottage Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MORRIS TURNER
 3. (b) If veteran, name war No
 3. (c) Social Security No. Unknown

4. Sex MO 5. Color or race N 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Effie Turner 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Jan 27 1915
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 1 17 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business W.P.A.

MOTHER FATHER
 12. Name Sylvester Turner
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Blanche Taylor
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
 (b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1942
 (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis

19. (a) MAR 18 1942 (Date registered) (b) E. B. McEwen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1942 hour 3 minute 00 P. M.
 21. I hereby certify that I attended the deceased from May 27 1941, to Mar 14 1942
 that I last saw him alive on Mar 14 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs
 Duration 1 yr. 3 mos.

Due to Tuberculosis of Intestine 1 yr.

Due to 130/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy Same as above

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 _____
 Signature Herbert E. Sweet (M. D. or other) D
 Address Robert Koch Hospital Date signed 3/15

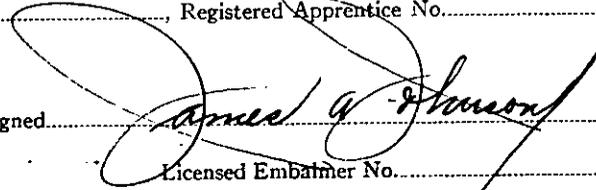
OCT 28 1947

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.....

.....
working under my personal supervision.

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

Signed..... 

..... Licensed Embalmer No.....

..... 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, fact should be so stated above.