

FILED MAY 7 1942
Registration District No. 791

Primary Registration District No. 1005

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1211
(If outside city or town limits, write "RURAL")
(d) Street No. 4535 Lindell Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Florence O'Fallon Turner

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife C. Hunt Turner 6. (c) Age of husband or wife if alive 1875 years
7. Birth date of deceased April 11, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Benj. O'Fallon
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Carter
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Allen P. Kamber
(b) Address 20 Black Creek Lane, Clayton

17. (a) Burial (b) Date thereof 4/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) APR 28 1942 (b) J. F. Bedeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1942 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 19 1942 to April 26 1942
that I last saw her alive on April 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 days

Due to Brain

Due to Brain

Other conditions Brain
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Arthur B. Day (M. D. or other)

Address 3720 Washington Date signed 4-27-42

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 *Neville B. Grohwitter*.....

Licensed Embalmer No. *3696*.....

P. O. Address *3621 Olive St.*.....

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.