

FILED JUN 2 1942

1003

Registration District No. 791

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
Enroute to City Hospital 3
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 4036 Delmar Ave.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Edith Turnbough

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, Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased..... April 13th 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 12 hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

12. Name Delmar Turnbough

13. Birthplace Davisville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Hanney

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

16. (a) Informant Delmar Turnbough
(b) Address 4036 Delmar Ave.

17. (a) Burial (b) Date thereof 5-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 25 1942 (b) J. F. Busch
(Date recorded) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1942 hour 6 minute 30 A.M. M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to atelectasis
pulmonary
embolism
Due to 1/61

Other conditions.....
(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)
Means of injury..... 3

23. Signature Alfred... (M. D. or other).....

Address ... Date signed 5/24/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....
No Embalming..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Reinhold D. Holman

Licensed Embalmer No.....

3395

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.