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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 19105

Registration District No. 784 Primary Registration District No. 181 Registrar's No. 1159

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch (If outside city or town limits, write "RURAL") 96

(d) Street No. Scott & Lix Ave. (If rural, give location) 6

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Louvenia Turner

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex female 3

5. Color or race colored 2

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Fred Turner

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 6 (Day) 1894 (Year)

8. AGE: Years 47 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name Charlie Head
13. Birthplace unknown (City, town, or county) Ala. (State or foreign country)

MOTHER
14. Maiden name Annie Jones
15. Birthplace Unknown (City, town, or county) Ala. (State or foreign country)

16. (a) Informant's own signature Record room

(b) Address St. L. Co. Hosp

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 3704 Finney Ave

19. (a) MAY 28 1942 (Date received local registrar) (b) E. G. McGarron (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 23 year 1942 hour 10 minute 40 a. M.

21. I hereby certify that I attended the deceased from 5-18-42, 19__, to 5-23-42, 19__; that I last saw her alive on 5-23-42, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral Accident | 12 hrs. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): Rectal Stricture | 5 yrs. |

Major findings:
Of operations —
Of autopsy 8301

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 [signature] (M. D. or other) M. A.

Address St. Louis County Hosp Date signed 5-25-42

(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 Lorenzo V. Atki

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

**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, above space should be left blank.**