

FILED DEC 10 1942

Registration District No. 784

Primary Registration District No. 11

Registrar's No. 2794

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
7300 Glades Ave./
(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 St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Sylvester Turley

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Lorena Fogel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 24, 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 09 If less than one day hr. _____ min. _____

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

10. Usual occupation Pres. Anchor coal Co.

11. Industry or business _____

MOTHER FATHER { 12. Name ?

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

14. Maiden name ?

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

16. (a) Informant Clarence M. Turley

(b) Address Ambassador Bldg.

17. (a) burial (b) Date thereof 11/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Anbruster
Clayton Rd. at Concordia Lane

(b) Address _____

19. NOV 4 - 1942 (b) C. H. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11/3/42, 19____ to 11/3/42, 19____
that I last saw him alive on 11/3/42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Prostatitis
Cardiac Decompensation.

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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) _____
(e) Means of injury NEIDER INC 1405

Signature [Signature] (M. D. of State) _____

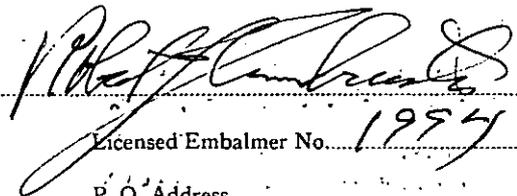
Address Arcade Bldg. Date signed 11/3/42

JUN 10 1948

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.....



Licensed Embalmer No.....

1954

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.

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