

FILED MAR 10 1943 318

Registration District No. ....

Primary Registration District No. ....

1005

Registrar's No. 1671

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:  
3450 a Crittenden St.  
(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)

3. (a) PRINT FULL NAME Isaac Turner

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife... Emline Turner 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased... June 21 1851  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 7 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Unknwon  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Egan  
(b) Address 3450a Crittenden St.

17. (a) Burial (b) Date thereof 2/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd

19. (a) FEB 10 1943 (b) J. F. Bradach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Francois 94  
(c) City or town... Bonne Terre W.R.T.  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18  
year 1943 hour Five minute 30 P.M.

21. I hereby certify that I attended the deceased from January 20 1943  
1943 19..... to July 18 1943  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis Duration 77  
Cardiac Arrhythmia

Due to Suicide Arteriosclerosis

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
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.....

23. Signature A.H. Hauril (M. D. or other)  
Address 1460 So Grand Ave Date signed 7/19/43

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

MOTHER FATHER

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**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.....

*Shepard G Burnley*

..... Licensed Embalmer No..... 4202

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.**