

D APR 15 1943
Registration District No. **784**

Primary Registration District No. **111**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

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

(c) Name of hospital or institution: **ST. MARY'S HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Hours**
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ST. LOUIS**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1511 South 9th**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **HERBERT TURNER**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **C**

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

7. Birth date of deceased **Sept 29 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	I	5	10	hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name **Dwight Turner**

13. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Glenda Chronistel**

15. Birthplace **Blod-et Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Glenda Turner**

(b) Address **1511 South 9th**

17. (a) **BURIAL** (b) Date thereof **March 13, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PAITON MASSOURI**

18. (a) Signature of funeral director **R. G. McLaughlin**
(b) Address **2301 Lafayette**

19. (a) **MAR 15 1943** (b) **R. G. McLaughlin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **11**
year **1943** hour **5** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **3:30 PM ON MARCH 11, 1943** to **5:40 PM 3/11, 1943** that I last saw him alive on **MARCH 11, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Tracheobronchitis (Purulent in type) Due to Suffered in type**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **101** Of autopsy **Purulent Tracheobronchitis**

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
Signature **Roy A. Highsmith** (M. D. or other) **MD**
Address **St. Mary's Hospital** Date signed **3/12/43**

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

6556

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 Paul A. Kerth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.