

LED MAY 7 1943

318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. \_\_\_\_\_

3945

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: Bethesda Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis <sup>50</sup>  
(c) City or town St Louis Fletcher  
(If outside city or town limits, write "RURAL" N.R.)  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years

3. (a) PRINT FULL NAME Virman Turner

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

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Timothy Turner 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased April 15 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
16 0 11 hr. min.

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business Housewife

12. Name John Hull  
13. Birthplace Jefferson Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Velma Heada  
15. Birthplace Franklin Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Velma Heada  
(b) Address Shipman Hill  
17. (a) Burial (b) Date thereof April 28 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Prigant Mo

18. (a) Signature of funeral director H. L. Sparks  
(b) Address Peters Mo  
19. APR 28 1943 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1943 hour 01:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 24, 1943, to April 26, 1943  
that I last saw her alive on April 26, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death acute generalized Peritonitis  
Due to ruptured appendicitis  
requiring 2 weeks  
Due to labor delivery  
7 weeks which  
Other conditions pregnancy induced death  
(Include pregnancy within 9 months of death)

Duration \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy as above 2/1/

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury (C)

23. Signature R. H. Chastman (M. D. or other) \_\_\_\_\_  
Address 3649 Vesta Date signed 4-26-43

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

3945

3945

*Embalmer sep cert to be filled*

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.....

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, above space should be left blank.**