

S. No. 2
M-5-42
5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16668

State File No.

FILED JUN 4 1943

318

Registrar's No. 4762

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County
(b) City or town. 4420 Cottage ave.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4420 Cottage Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. none
In this community 2.5 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County. 1011
(c) City or town. St. Louis 7 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4420 Cottage ave
(If rural, give location)
(e) Citizen of foreign country? yes. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Charles Turkington

3. (b) If veteran, name war. 3. (c) Social Security No. 46-1615-17

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Duenda Turkington 6. (c) Age of husband or wife if alive, years 24
7. Birth date of deceased. March 24 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 20. hr. min.

9. Birthplace. West Plains, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. Busk. Leg.

11. Industry or business.

MOTHER FATHER { 12. Name. Charles Turkington
13. Birthplace. West Summit, Mo. (City, town, or county) (State or foreign country)
14. Maiden name. Miss Jones
15. Birthplace. Miss (City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Duenda Turkington
(b) Address. 4420 Cottage ave

17. (a) (Burial, cremation, or removal) (b) Date thereon. 5/24 1943
(Month) (Day) (Year)
(c) Place: burial or cremation. Washington Park

18. (a) Signature of funeral director. Sumner Smith
(b) Address. 4247 W. Lechelle

19. (a) MAY 24 1943 (b) J. J. Bradeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month May day 20 year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 12 1943 to May 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis Duration
Arterio Sclerosis & Hypertension about 4 yrs
Due to... not known

Due to... Chronic Interstitial Nephritis about
(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?

23. Signature. Walter O. Loscher (M.D. or other)
3904 Claude ave Address. 5/21/43

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

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.