

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

326  
326

1. PLACE OF DEATH: St. Louis  
 (a) County.....  
 (b) City or town Clayton  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96  
 (a) State Mo. (b) County St. Louis 4  
 (c) City or town Kirkwood 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 417 S. Harrison Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Frank Turner  
 3. (b) If veteran, name war. ? 3. (c) Social Security No. ?

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 26  
 year 1943 hour 1 minutes 20 P.M.  
 21. I hereby certify that I attended the deceased from 5-14-43  
 19 to 5-26-43 19  
 that I last saw him alive on 5-26-43 19  
 and that death occurred on the date and hour stated above

4. Sex male 5. Color or race colored 6. (a) Single, widowed, married, divorced, widower 2  
 6. (b) Name of husband or wife Lillie Grams Turner 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Sept. 4 1876  
 (Month) (Day) (Year)

Immediate cause of death  
 Arteriosclerotic Cardio-Vascular Disease  
 Duration 5 yrs  
 Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations 938  
 Of autopsy.....

8. AGE: Years Months Days If less than one day  
 66 8 22 hr. min.

9. Birthplace Franklin County Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation none  
 11. Industry or business

12. Name Berry Turner  
 13. Birthplace Unknown Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucy Jackson  
 15. Birthplace Unknown Unknown 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie Mae Clayborn  
 (b) Address 417 S. Harrison Road  
 17. (a) Burial (b) Date thereof 5-30-43  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pacific mo

18. (a) Signature of funeral director J.S. Lewis  
 (b) Address 22 Euclid Ave Webster Groves  
 19. (a) JUN 2 1943 (b) C.P. McLaughlin  
 (Date received local registrar) (Registrar's signature)

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  
 23. Signature John Niederwieser (M. D. or other) M.D.  
 Address St. Louis County Hospital Date signed 5-27-43

JAN 25 1943

**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 J. Lewis  
Licensed Embalmer No. 2027  
P. O. Address Webster Groves

**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.**