

S. No. 2
M-2.43
5-17-39
X35697

39235

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 4 1943

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2666

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(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 1 da., 23 hrs.
25 min. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Allison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cardell Turner

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe Turner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2-22-1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 9 9 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business --

MOTHER { 12. Name Simon Hinkle

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

14. Maiden name Ida Woods

15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jamie Monroe

(b) Address 111 Albert St. Linn Co.

17. (a) Burial (b) Date thereof 12-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arthur Dickson

18. (a) Signature of funeral director J. O. Lewis

(b) Address Webster Groves

19. (a) DEC - 8 1943 (b) E. G. McLawrence
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day November
year 1943 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from 11-27-43, 19____, to 11-29-43, 19____;
that I last saw her alive on 11-29-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
uremia
Due to hypertension
C.V. disease
Due to cephalic

Duration
1 wk?

1-2 yr?

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1310

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) (c) Means of injury _____

23. Signature [Signature] (M.D. or other)
Address St. Louis County Hospital Date signed 12-1-

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. P. Lewis
Licensed Embalmer No. 2027
P. O. Address Metairie, Louisiana

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.