

FILED DEC 29 1943 18

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 44000

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1714 1/2 N. 11th St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 15 yrs

3. (a) PRINT FULL NAME Gennett Turnipseed

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

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married. 2 divorced widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased. JUNE 1st 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 22 hr. _____ min.

9. Birthplace Weir Miss
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER
 12. Name Bethel Dotson
 13. Birthplace unk Va
(City, town, or county) (State or foreign country)
 14. Maiden name Byce Ann
 15. Birthplace unk Va
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Moore
 (b) Address 1714 N 11th St

17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. R. Burdick

(b) Address 3133 Bell Ave

19. (a) DEC (b) J. R. Burdick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17th St
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1714 1/2 N 11th St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 16th year 1943 hour 10A minute _____ M.

21. I hereby certify that I attended the deceased from Dec - 15th 1943 to Dec 16th 1943
 that I last saw her alive on Dec - 16th 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis Duration 3 1/2 yrs

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. R. Burdick (M. D. or other) _____
 Address 3133 Bell Ave Date signed 12/18/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

AUG 23 1958

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 *A. J. Watson*

Licensed Embalmer No. *249 P*

P. O. Address. *2769 Chautauo*

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.