S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1944

Registration District No. 618

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36503
Registrar's No. 10281

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4207 E. Aldine (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Turner
3. (b) If veteran, name war No.
3. (c) Social Security No. 490-12-1012
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willie Turner
6. (c) Age of ~~husband~~ or wife if alive 51 years
7. Birth date of deceased October (Month) 5 (Day) 1893 (Year)

8. AGE: Years 51 Months 1 Days ~~24~~ 2 If less than one day hr. min.

9. Birthplace Nashville, (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Chef Cook
11. Industry or business

FATHER
12. Name George Turner
13. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Nashville, Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cooper
(b) Address 4207 E. Aldine Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 4 (Day) 1944 (Year)
(c) Place: burial or cremation Greenwood Cemetery ~~Washington Park~~
18. (a) Signature of funeral director E. B. Bonne
(b) Address 1221 N. Grand Blvd.
19. (a) DEC 2 (Date received local registrar) (b) J. F. Bideek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1944 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from Nov 20, 1944 to Nov 27, 1944 that I last saw h. alive on Nov 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis — Duration
from Chr Nephritis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Oral S. McClellan — 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 (M. D. or other)
Address 4200 Easton Date signed 12-7-44

(Licensed Embalmer's Statement on Reverse Side)

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. 214

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.