

FILED MAY 12 1945

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3627

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
755 ANXBERT AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community... 30 YRS.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 IV
(d) Street No. 755 ANXBERT AVE
(If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Lucretia Turner

3. (b) If veteran, name war

3. (c) Social Security No.

unk

4. Sex Female

5. Color or race negro

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

alive _____ years

7. Birth date of deceased

April 17, 1911
(Month) (Day) (Year)

8. AGE:

Years 34 Months 0 Days 1 If less than one day hr. min.

9. Birthplace

Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation

Domestic

11. Industry or business

MOTHER FATHER

12. Name Alex Turner

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

14. Maiden name Gora Avant

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

16. (a) Informant Gora Turner

(b) Address 2404 N. Newstead

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 4-25-45
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins

(b) Address 3644 Finney Ave

19. (a) APR 24 1945
(Date received local registrar)

J. F. Bredek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 hr. 100
year 1945 hour 12 minute 100 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration
Pulmonary embolism as a result of infarction received when the auto was in a accident on the highway and being driven by one Robert Baker Brook (acc) collided with a car driven by one William Frank Brown on the highway about 200 feet east of the Walsh Station around 2:45 PM APR 15 1945
Underline the cause to which death should be charged statistically.

Of authority MP

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence April 15 1945
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public Highway
While at work? (Specify type of place) (e) Means of injury above

Signature Patrick E. Taylor (M.D. or brother)
Address 1142 W. 11th St Date signed 4/24/45

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 *Lucius V. Atkins*

Licensed Embalmer No. 2842

P. O. Address. 3644 Finney

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.