

FILED FEB 20 1946

1285

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City 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 _____ 16 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. 1920 Oregon Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMORY ELBERT TURNBOUGH

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4
year 1946 hour _____ minute 00 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lorraine

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June 25 1917
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

28 7 10 _____ hr. _____ min.

Immediate cause of death: Autopsy was performed on hands of one August 2, 1946. Police officer when he in company with Police Captain Lawrence and Police Officer Elder were searching for home at 3518 Capital Blvd. and discovered apartment building. They charge Officer DeMora with a gun. Police Officer 8:50 P.M. Feb. 4, 1946.

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

10. Usual occupation Welder

11. Industry or business _____

12. Name Christopher Turnbough

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

14. Maiden name Ida Stewart

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

Other conditions (Include pregnancy within 3 months of death)

The jury also recommended that the body be commended for burial and work in the performance of the duties of the

Underline the cause to which death should be charged statistically.

16. (a) Informant Erma Montgomery

(b) Address 1920 Oregon Avenue

17. (a) Burial (b) Date thereof 2-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence Feb. 4, 1946

(c) Where did injury occur? at home in
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Burglary in Home

While at work? _____ (Specify type of place)

(e) Means of injury stab

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2501 Lafayette Avenue, St. Louis, Mo.

19. (a) FEB 7 1946 (b) J. F. Breuck
(Date received local registrar) (Registrar's signature)

23. Signature Patrick E. Taylor (M. D. or other) 3
Date signed 2/4/46

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

6974

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 *C. H. Cooper*

Licensed Embalmer No. 3830

P. O. Address 2317 Lafayette

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.