

V. S. No. 2
100M-5-43
Rev. 5-17-39
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17853

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

REGISTRATION DISTRICT NO. 318
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18985
4223

State File No. _____
Registrar's No. _____

Registration District No. 318

Primary Registration District No. 1003

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:
1048 VORONICA AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 2 3/4 Y. 7 Months
years, months or days)

3. (a) PRINT FULL NAME WARDEN TURNBULL
3. (b) If veteran, name war NONE
3. (c) Social Security No. _____

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife IDIA TURNBULL
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased DEC. 6 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 1 _____ hr. _____ min.

9. Birthplace GALT ONT. AL
(City, town, or county) (State or foreign country)
10. Usual occupation ROCKEERMAKER

MOTHER FATHER

11. Industry or business
12. Name WILLIAM TURNBULL
13. Birthplace LONDON ENG.
(City, town, or county) (State or foreign country)
14. Maiden name MARY ANN SHARP
15. Birthplace ENGLAND
(City, town, or county) (State or foreign country)

16. (a) Informant Idia Turnbull
(b) Address 1048 Voronica Ave.
17. (a) BURIAL (b) Date thereof MAY 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS SEM.
18. (a) Signature of funeral director Siedrich F. Homes
(b) Address 8319 Halls Ferry Rd.
19. (a) MAY 10 1946 (b) P. F. Hedrick
(Date received local registrar) (Registrar's signature)

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. 1048 VORONICA AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7
year 1946 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from April 15 1946 to May 7 1946
that I last saw him alive on May 6 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of lungs
Broncho-genic Carcinoma of
lungs proven by biopsy.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 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)
(e) Means of injury _____
23. Signature Wm. W. Hedrick (M.D. or other)
Address 8363 Halls Ferry Rd. Date signed 5-8-46

(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.....

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

Signed

John C. Ganoski

Licensed Embalmer No. *3398*

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.