S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21466

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1380

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6-14-46 (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [redacted]

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2803 Bernard St.
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME TURNER, Troy

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mrs. Catherine Turner

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Oct. 29 (Month) 1910 (Day) (Year)

8. AGE: Years 35 Months 7 Days 25 If less than one day hr. min.

9. Birthplace East St. Louis, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Musician

11. Industry or business --

FATHER
12. Name Unavailable
13. Birthplace -- 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace -- 1
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Gates Funeral Home
(b) Address St. Louis, 4107 Finney Ave.

19. (a) 6-28-46 (Date received local registrar) (b) Mo. [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1946 hour 3:10 minute P M.

21. I hereby certify that I attended the deceased from 6-14-46, 19__, to 6-24-46, 19__;
that I last saw him alive on June 24, 1946, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ABSCESS OF LIVER (AMEBIC)	UNK
Due to 27 b	
Due to	
Other conditions LIVER FAILURE DUE TO DESTRUCTION OF LIVER SUBSTANCE (Include pregnancy within 3 months of death)	UNK

Major findings:
Of operations Laparotomy and drainage of liver abscess 6-24-46
Of autopsy No Autopsy performed

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) no

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm Hosp, Jeff Brks, Mo Date signed 6-24-46

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1946

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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thos. J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.