

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6039**

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Faith Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3937 Lincoln  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Larry Grant Turner

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 3 1946  
(Month) (Day) (Year)

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

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

10. Usual occupation none

**11. Industry or business**

MOTHER FATHER { 12. Name Leo M. Turner  
13. Birthplace Neelyville MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Hicky  
15. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Turner  
(b) Address 3937 Lincoln

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

(c) Place: burial or cremation Walnut Ridge Ark.

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) JUL 9 1946 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 7 day 8  
year 1946 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 7-3- 1946 to 7-8- 1946  
that I last saw him alive on 7-8- 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Bronchial Pneumonia Duration 15 min  
Due to Aspiration 15 min

Due to Prematurity 7 mo.

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy \_\_\_\_\_  
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) None  
(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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Nicholas Vitale (M.D. or other) MD  
Address 3861 St. Louis Ave. Date signed 7/8/46

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 Anthony J. Miceli  
Licensed Embalmer No. 4777  
P. O. Address St Louis Mo

**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.**