

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

23372  
 Do not use this space.

REC'D AUG 12 1938

791  
 1003

Registered No. 6066

1. PLACE OF DEATH  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City Saint Louis (d) Street No. En route City Hospital #1 St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jessie B. Turnipseed  
 (a) Residence, No. 3918 Blaine St. 17  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence DeVein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 2, 1897

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
40	11	3	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tractor Operator  
 9. Industry or business in which work was done, as saw mill, bank, etc. Railway Express  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN), Colfax (STATE OR COUNTRY) Illinois

FATHER  
 13. NAME Martin Turnipseed  
 14. BIRTHPLACE (CITY OR TOWN), Colfax (STATE OR COUNTRY) Illinois

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown

17. INFORMANT Florence Turnipseed (ADDRESS) 3918 Blaine

18. BURIAL, CREMATION, OR REMOVAL Jefferson Barracks DATE 7-9 1938

19. GENERAL DIRECTOR Thomas J. Livan (ADDRESS) 1519 South Grand Boulevard

20. FILED J. F. Bredek Local Registrar.

**MEDICAL SERVICE AND RECORDS**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5/38 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 11:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart;  
Chronic Aortitis; Cause Und.  
Oedema of Brain;  
No other heart disease

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify Alfred J. Perry, M.D.  
 (Signed) Alfred J. Perry, M.D.  
 (Address) Deputy Coroner

WRITE PEANUT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12904

STATEMENT BY LICENSED EMBALMER

3114  
3880

I, Howard S. Rowland  
John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. .... or by .....  
working under my personal supervision.

Registered Apprentice No. ....

Signed Howard S. Rowland  
John Ketter

Licensed Embalmer No. 3880

**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.)**