

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

791
1008

9154

Do not use this space.

DEC'D APR 12 1939

1. PLACE OF DEATH

(a) County.....² Registration District No.....
 (b) Township.....¹ Primary Registration District No..... Registered No..... **2919**
 (c) City, St. Louis (d) Street No. 1244 So. Vandeventer Ave. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Turner

(a) Residence, No. 1244 So. Vandeventer Ave. St. 18 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15, 1889</u>		
7. AGE	YEARS	MONTHS
	<u>49</u>	<u>5</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Watchman</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Union Electric</u>		
10. Date deceased last worked at this occupation (month and year).....		

NEOPHYSESTIAN CARE ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 19 39

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 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer of the Mouth

Other contributory causes of importance: 45

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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.....

(Signed) Joseph M. Durnin
 (Address) Deputy Coroner

FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Pana</u> (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Unknown Turner</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)
	17. INFORMANT <u>Mrs. Helen Turner</u> (ADDRESS) <u>1244 So. Vandeventer Ave.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews Cem.</u> DATE <u>3-30</u> , 19 <u>39</u>
	19. FUNERAL DIRECTOR (NAME) <u>Kriegshauser Mortuaries</u> (ADDRESS) <u>4104 Manchester Ave.</u>
	20. FILED....., 19..... <u>J. B. Budler</u> Local Registrar.

1939 APR 12 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

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 *Reinhold A. Lehman*

Licensed Embalmer No. *9395*

* 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, above space should be left blank.