

Registration District No. **791**  
**1003** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **Homer Phillips Hospital** **SEP 14 1939**  
(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:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

8. (a) PRINT FULL NAME **Celeste Turner** **656**  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 11** **1905**  
(Month) (Day) (Year)

8. AGE: Years **34** Months **3** Days **17** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Henry Walker**  
13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Fletcher**  
15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary Walker**  
(b) Address **Rosedale, Miss.**

17. (a) **Removal** (b) Date thereof **8-1-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Memphis, Tennessee**

18. (a) Signature of funeral director **E. L. Garner**  
(b) Address **2829 Washington, Ave.**

19. (a) **AUG 1 1939** (b) **J. J. Prelick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **1**  
(c) City or town **St. Louis** **11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4205 Easton, Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **28th**  
year **1939** hour **11:53** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Edema of Brain** **Secondary Sclerosis** **Duration**  
**Edema of Brain**  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **See Above**  
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) \_\_\_\_\_  
(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) (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature **Alfred Perry** (M. D. or other)  
Address **Deputy Coroner** Date signed **8/11/39**

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

Rev. 6-17-39  
1 x19311

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson S

**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.**