

JAN 24 1942 791
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(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 1 mos. 14 days
(Specify whether years, months or days)
In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 2921 Howard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5, 1941
year _____ hour 8 minute 30 A. M.
21. I hereby certify that I attended the deceased from Oct. 21, 1941
to December 5, 1941
that I last saw him alive on December 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death, Pulmonary Tuberculosis
Duration Unk.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) _____
(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) (e) Means of injury _____
23. Signature J. W. Johnson (M. D. or other) _____
Address 2601 Whittier Date signed 2-6-41

3. (a) PRINT FULL NAME Clarence Turner

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col. 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 4, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Learned Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name Jerry Turner

13. Birthplace Learned Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Frances Thomas

15. Birthplace Learned Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Austin P. Byrant

(b) Address 2921 Howard St.

17. (a) Burial (b) Date thereof Dec. 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home,

(b) Address 3100 Easton Ave.

19. (a) DEC 9 1941 (b) J. F. Bredeek
(Date filed for local registration) (Registrar's signature)

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

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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.....

..... *William C. McDowell*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *William C. McDowell*,
Licensed Embalmer No..... *2114*

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, fact should be so stated above.