

Registration District No. **190791**

Primary Registration District No. **1003**

Registrar's No.

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 SX. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3037 Caroline, St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26
year 42 hour 8 minute 25 P.M.
21. I hereby certify that I attended the deceased from 4-21-42
1942 to 4-26-1942

that I last saw him alive on 4-26-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Benign prostatic hypertrophy
of urinary retention
Due to _____
Due to _____

Duration

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. P. Davis (M. D. or other) 0 M.D.
Address 1536 Papin Date signed 4-28-42

3. (a) PRINT FULL NAME Allen Turner

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

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

6. (b) Name of husband or wife Katherine Turner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 8, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace Pine Bluff Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Alk

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

14. Maiden name Kitty

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

16. (a) Informant Heeman Connor

(b) Address 3037 Caroline, St. Louis

17. (a) Burial (b) Date thereof 5-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Hegler's Cem

18. (a) Signature of funeral director English Ind. Co

(b) Address 2931 Maple Ave

19. (a) MAY 1 1942 (b) J. P. Brudeck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 *Burleson English*
Licensed Embalmer No. *4208*
P. O. Address *2931 Lucas, W*

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.