

FILE: APR 27 1942

Registration District No. 794

Primary Registration District No. 1002

Registrar's No. 3443

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:
City Sanitarium 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 25 da.
(Specify whether
16 years
years, months or days)

3. (a) PRINT FULL NAME CHARLES TURNER

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male (D) 5. Color or race White 6. (a) Single, widowed, married, divorced, Separated

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

7. Birth date of deceased November 15, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace unknown New Hampshire
(City, town, or county) (State or foreign country)

10. Usual occupation Preacher

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. J. Byrnes
(b) Address 5400 Arsenal St.

17. (a) Cremation (b) Date thereof 4/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director Jas. Ryan
(b) Address 5800 Arsenal St.

19. (a) APR 17 1942 (b) J. J. Bredeck
(Date of filing with registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")
(d) Street No. City Infirmary
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 6:40 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from 2-10-42, 19____, to 4-6-42, 19____;
that I last saw him alive on 4-6-42, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1942x

Due to Cerebral Hemorrhage
Due to General Arteriosclerosis 1942x

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy Yes
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 Hubert P. Smith (M. D. or other) _____
Address 5400 Arsenal St. Date signed 4/10/42

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

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.....

Licensed Embalmer No.....

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.