

S. No. 2
1-9-4-41
7-5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

23193

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6557

10
17
9

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

1. PLACE OF DEATH:

(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:
4400 Arsenal Street, /
(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)

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. 4400 Arsenal Street,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Charles A. Turner

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

4. Sex..... Male..... 5. Color or race..... White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... Sophie Turner, nee Urban
6. (c) Age of husband or wife if alive..... 71 years
7. Birth date of deceased..... January 7, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 6 24 ..hr. ..min.

9. Birthplace..... Prarieville, Mo...... (City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business..... Agent Metropolitan Life. INs Co.

MOTHER FATHER { 12. Name..... Stephen J. Turner
13. Birthplace..... W. Va...... (City, town, or county) (State or foreign country)
14. Maiden name..... Ella Wright
15. Birthplace..... Mo...... (City, town, or county) (State or foreign country)

16. (a) Informant..... Sophie Urban Turner

(b) Address..... 4400 Arsenal Street

17. (a) Burial..... (b) Date thereof..... 8/4/12
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Valhalla

18. (a) Signature of funeral director..... Robert J. Ambruster

(b) Address..... Clayton Rd. at Concordia Lane

19. (a) AUG 3 1912..... (b) J. A. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... August..... day..... 1
year..... 1912..... hour..... 8..... minute..... P..... M.....

21. I hereby certify that I attended the deceased from.....
April 1937....., 19..... to..... Aug. 1,....., 19.....
that I last saw him..... alive on..... Aug. 1,....., 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Angina pectoris
Due to..... Arteriosclerosis

Due to..... Hemophlegia Apr 1937.....

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

Major findings:
Of operations..... None
Of autopsy..... None.

Duration

about 1 hour

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. A. Bredeck..... M. D. of Mo.
Address..... 1537 S. Grand Blvd...... Date signed..... 8/3/12

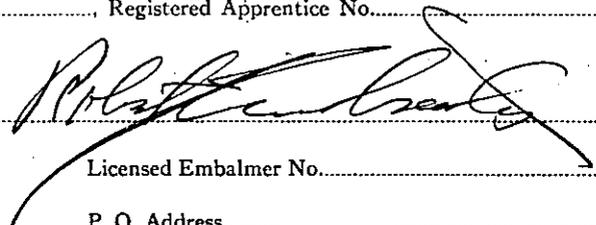
(Licensed Embalmer's Statement on Reverse Side)

844

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.