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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942 318

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32503

Registrar's No. 9029

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: Res:- 5450 Delmar Blv'd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 9 12

(a) State Missouri. (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. #5450 Delmar Blv'd.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Beatty Turpin.

3. (b) If veteran, name war NONE

3. (c) Social Security No. 488-20-9935

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Georgia Turpin.

6. (c) Age of husband or wife if alive 43. years

7. Birth date of deceased December (Month) 6th, (Day) 1880. (Year)

8. AGE: Years 61. Months 10. Days 21. If less than one day hr. min.

9. Birthplace Jassamine, (City, town, or county) Kentucky. (State or foreign country)

10. Usual occupation Manufacturers Agent,

11. Industry or business Midwest Steel Co.,

MOTHER FATHER

12. Name George G. Turpin.

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

14. Maiden name Mary F. Fain.

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

16. (a) Informant Mrs Georgia Turpin.

(b) Address #5450 Delmar Blv'd.,

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 30 1942 (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Blv'd.

19. (a) OCT 29 1942 (Date received local registrar) J. F. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day twenty seven year 1942 hour six ten minute A.M.

21. I hereby certify that I attended the deceased from Aug., 1940, to October 27, 1942 that I last saw him alive on October 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	1941
Due to	Onset
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul F. McRae (M. D. or other) D.O.

Address 5473 Delmar Blvd Date signed 10/27/42

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.