

FILED JAN 4 1944

State File No.

Registration District No. 318

Primary Registration District No. 1008

Registrar's No. 11641

1. PLACE OF DEATH:

(a) County St Louis mo  
(b) City or town St Louis  
(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 26 hrs (Specify whether years, months or days)  
In this community 26 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
(c) City or town St Louis (If outside city or town limits, write "RURAL") 219  
(d) Street No. 10172 Concordall Ave  
CARDINAL  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Preaston Turner

3. (b) If veteran, name war NO 3. (c) Social Security No. 198-10-3614

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

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

7. Birth date of deceased Aug 7 5 1893-893  
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

12. Name Willie Turner

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

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

16. Informant Mary Turner

17. (a) Address 2950 Lewton Blvd  
Bussell (b) Date thereof 12-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Miss Lowe  
(b) Address 2930 Dickson St

19. (a) DEC 24 1943 (b) J. Beedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (Thrombosis)

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 3

23. Signature Walter Perry (M. D. or other) \_\_\_\_\_  
Address St Louis Date signed 12/24/43

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

COPIES OF THIS CERTIFICATE TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, ST. LOUIS, MISSOURI.

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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.....

*not embalmed.*....., 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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo. }  
County of St. Louis } ss.

State File No. ....

**AFFIDAVIT FOR CORRECTION OF A RECORD** Local Registrar's No. 1641

On this 19th day of January, 1944, before me appears Mary Turner, who, upon her oath, states that the original record of ~~birth~~ death for Preaston Turner, <sup>died</sup> ~~born~~ Dec. 20th, 1943 in the State of Missouri, and which was filed at St. Louis, Mo. on 12-24-, 1943 should be corrected as follows:

Item No. 7 should read August 5, 1893

Instead of January 1, 1895

Item No. 8 should read 50yrs. 4mos. 15days

Instead of 48yrs. 11mos. 22days

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Turner <sup>with</sup>  
Relationship.

2950 Warton  
Present Address.

Subscribed and sworn to before me this 19 day of January, 1944.

My Commission expires 19 March day of 1945 Geal Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

FEB 3 1944

S-40665