

FILED MAY 20 1944

Registration District No. 3 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Apr. 13, 1944
(Specify whether years, months or days)

In this community since 4/13/44

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____

(c) City or town Belleville
(If outside city or town limits, write "RURAL")

(d) Street No. 118 N. Missouri Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward H. TURNER

3. (b) If veteran, name war World War #1

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 Jeanette (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Feb. 9, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>3</u>	<u>3</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business _____

MOTHER FATHER

12. Name David Turner

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

14. Maiden name Minnie Ebel

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

16. (a) Informant M. Schullij

(b) Address Clinical Clerk VAF, Jeff. Bks., Mo.

17. (a) Removed (b) Date thereof 5-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville Ill

18. (a) Signature of funeral director Howard Rawland

(b) Address 4351 Washington

19. (a) MAY 15 1944 (b) E. G. McSharen, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th, year 1944 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from April 15, 1944 to May 12, 1944 that I last saw him alive on May 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Disease, cause unknown, with Pericarditis, subacute, fibrinous, obliterative, and myo- cardial damage and Insufficiency

Duration Unknown

Due to _____

Other conditions Cirrhosis of liver, type undetermined; Cholelithiasis

(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy Autopsy performed - see cause of death.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 L. M. COCHRAN, LT. COL., M.C. (M. D. or other) CHIEF MEDICAL OFFICER
Address _____ Date signed 5/13/44

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

6-23-1945

JUN 23 1945

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 Howard G. Cowland
Licensed Embalmer No. 3114
P. O. Address Thomas M.

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.