

FILED JUN 4 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4559

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

1. PLACE OF DEATH

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.

(c) Name of hospital or institution 3315 Market St. 1
(If outside city or town limits, write "RURAL" and name of township)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3315 Market St. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HENRY TURNER

3. (b) If veteran, name war No

3. (c) Social Security No. 191-12-5591

4. Sex M. 5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 21 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 7 1 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Coal yard

12. Name George Turner

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Nash

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

16. (a) Informant Luelle Russell

(b) Address S. Kinloch Park

17. (a) Buried (b) Date thereof 5-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Boyd Bros.

(b) Address 3704 Finney Ave.

19. (a) MAY 23 1945 (b) J. J. Pinesch
(Date received local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 22
year 1945 hour 7 minute 50 A.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 _____

Due to Labor Pneumonia

Due to Chronic Hypertension

Due to Myocarditis

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

Major findings: _____

Of operations _____

Of autopsy _____

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 Benjamin E. Turner (M.D. or other) _____

Address _____ Date signed 5/23/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *James A. Johnson*.....

Licensed Embalmer No. *3522*.....

P. O. Address. *3704 Kinney ave*.....

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.