S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 16 1946

State File No. 10628

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 612

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
8 Jaccard Lane
(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 Missouri (b) County St. Louis 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Jaccard Lane 3
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hans L. Turrian
3. (b) If veteran, name war Nil
3. (c) Social Security No. 388-05-8447
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude Turrian
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 4 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
52	1	7	hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Brew Master
11. Industry or business
FATHER
12. Name Gustave Turrian 5
13. Birthplace Unknown (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Helene Zieger
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Gertrude Turrian
(b) Address 8 Jaccard Lane
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 3/13/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1946 hour 5 minute 10 a.M.
21. I hereby certify that I attended the deceased from Feb. 26, 1946, 19 , to March 11, 1946
that I last saw him alive on March 11, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to — 94a	
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 0
23. Signature A. Conrad Malles (M. D. or other) MD
Address 819 University Club Bldg. Date signed 3/15/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1946

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 Henry Brammer

Licensed Embalmer No. 4200

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.