

FILED MAY 27 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4309

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Entroute to Honor G. Phillips Hosp  
(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 1  
years, months or days

3. (a) PRINT FULL NAME William A. Turner

3. (b) If veteran, name war.....

3. (c) Social Security No. 497-05-6089

4. Sex Male 5. Color or race Col.

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

6. (b) Name of husband or wife Tebitha Turner

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased April 5 1912  
(Month) (Day) (Year)

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

34 1 7 hr. min.

9. Birthplace Muskogee Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name William Turner

13. Birthplace Houston Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Gussie Smith

15. Birthplace Honey Grove Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Gussie Turner

(b) Address 2738 Thomas ST.

17. (a) Burial (b) Date thereof 5/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard ST.

19. (a) MAY 13 1946 (b) J. F. Bradach  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2738 Thomas ST.  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1946 hour 2:15 minute 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 External hemorrhage following stabwound of left external Jugular Vein inflicted with knife

Due to in the hands of one, Louis Brown, Col., about 1:15 A.M., May 12th, 1946, in front of 3203 Easton Avenue. HOMICIDE

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

Major findings:  
Of operations.....

Of autopsy..... yes.

167

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

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence May 12, 1946

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

While at work? no (Specify type of place) (e) Means of injury knife

23. Signature [Signature] (M. D. or other) 3

Address [Signature] Date signed 5/13/46

**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

*L. Boykin*

Registered Apprentice No.

*myself*

working under my personal supervision.

Signed

*Louise Boykin*

Licensed Embalmer No.

*2946*

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.**