

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21754

XC-2 603 727  
Reg. 15784 ST 9650

FILED JUN 25 1956

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State File No. ....

Registrar's No. 5767

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>CALIFORNIA</b> b. COUNTY _____				
b. CITY OR TOWN <b>915 N. Grand, St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) <b>59 days</b>		c. CITY OR TOWN <b>LOS ANGELES</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>1517 Sawtelle Boulevard</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle) <b>-</b>		c. (Last) <b>DeTURENNE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6-15-56</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>10-12-68</b>		
9. AGE (In years less birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>PARIS FRANCE</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>CHRISTIAN DE TURENNE</b>			13b. MOTHER'S MAIDEN NAME <b>JULIANNA JUNALA</b>			14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>SPAW</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>		ADDRESS _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute bronchopneumonia</b>						<b>Apprx 2 days</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>Cerebral arteriosclerosis</b>				<b>Unk.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>491X</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>4-17-56</b> , 19____, to <b>6-15-56</b> , 19____, and that death occurred at <b>8:45 Am.</b> , from the causes and on the date stated above.								
23. SIGNATURE <b>T. M. Moore, Jr.</b> (Degree or title) _____				23b. ADDRESS <b>915 N. Grand, M.D. VAH, St. Louis, Mo.</b>		23c. DATE SIGNED <b>6-15-56</b>		
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>6/19/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>JUN 18 1956</b>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Fendler Mortuary</b>		ADDRESS <b>5611 S Grand</b>		

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

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 ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Henry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *5611 S. Lewis*.....

- 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.