

No. 2
5-43
5-17-39
I X36671

FILED MAR 9 1945
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1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Surrection Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Feb. 17, 1945 to
(Specify whether
In this community 2-20-1945
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 065
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 95
(d) Street No. 5329 Bartmer
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Turpin

3. (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1945 hour 7 minute 45A M.
21. I hereby certify that I attended the deceased from Feb. 17
1945 to Feb. 20, 1945
that I last saw him alive on February 17, 1945
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race w
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 1866 years
7. Birth date of deceased march 9 1866
(Month) (Day) (Year)

Immediate cause of death Typhoid fever

8. AGE: Years 78 Months 11 Days 12
If less than one day hr. _____ min. _____

Due to _____
Due to _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Bldg Contractor

Other conditions terminal broncho - pneumonia
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Charles Turpin
13. Birthplace Virginia
(City, town or county) (State or foreign country)
14. Maiden name Mary Porter
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy ulceration of ileum; broncho pneumonia

16. (a) Informant Edith V. Munn
(b) Address 5600 Arsenal St
17. (a) Removal (b) Date thereof 3-24-45
(Funeral, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Calvary Hts. Missouri

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? _____

18. (a) Signature of funeral director John F. Stuart
(b) Address 1225 Union Blvd.
19. (a) FEB 23 1945 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. P. Maxwell (M. D. or other) _____
Address 5600 Arsenal St Date signed 2-21-45

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

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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

John G. ...

Licensed Embalmer No. _____

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.