

JUN 12 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**  
**1003**

Township.....

Primary Registration District No. ....

City *St. Louis* (No. *7-2249*)

City *St. Louis* #

File No. ....

Registered No. **4489**

St. .... Ward)

2. FULL NAME

**Arthur Tuerck**

(a) Residence, No. ....  
(Usual place of abode)

*2236 Clark St.*

Ward. *22*

Length of residence in city or town where death occurred *30* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Separated*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/18/35* 19 *35*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Rosa Tuerck*

2. I HEREBY CERTIFY, That I attended deceased from *5/12/35* to *5/18/35*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 1 1870*

I last saw him alive on *5/18/35* 19 *35*. Death is said to have occurred on the date stated above, at *11:20* a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *64 11 18*

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Blacksmith*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation.....

*Chronic Alcoholism with mental deterioration*  
*1070*  
Other contributory causes of importance: *Bacterial Pneumonia*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

13. NAME *Arthur Tuerck*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Unknown*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *St. Louis City*

Manner of injury .....  
Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Muscatine* DATE *May 22, 1935*

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....

19. UNDERTAKER (ADDRESS) *Wackerly Hildebrand 2331 S. Broadway*

(Signed) *W. C. Harris*, M. D.  
(Address) *City*

20. FILED *20* 1935 19 *J. F. Brudeck* Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

