

JUL 1 8 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County **Buchanan**

Registration District No. **85**

Township

Primary Registration District No. **1001**

City **St. Joseph**

(No. **Missouri Methodist Hospital**)

File No.

19001

Registered No.

626

St.

Ward

2. FULL NAME

Stephen Zurke

(a) Residence, No.

205 Arizona

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **8** yrs. mos. ds.

How long in U. S., if of foreign birth? **8** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July. 7. 1876.

7. AGE

YEARS

58

MONTHS

11

DAYS

3

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labor Mechanical Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

C.B. & Q R R Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Witrychawice, Austria

FATHER

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

Unknown

17. INFORMANT (ADDRESS)

Steve Turbak 319 Ohio Street

18. BURIAL, CREMATION, OR REMOVAL PLACE

Mount Olivet Cemt St. Joseph, Mo.

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden 1802 Union Street St. Joseph, Mo.

20. FILED

6-11-35 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June. 10**, 19 **35**

22. I HEREBY CERTIFY, That I **Autopsied on** deceased from **on June. 10**, 19 **35**

I last saw him alive on **June 10**, 19 **35** Death is said

to have occurred on the date stated above, at **10/45 p.m.**

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

Multiple ruptures of heart. Indelivered 7th cervical vertebrae & 1st Thoracic

Other contributory causes of importance: **Tried to escape from hospital & fell from second story window**

Name of operation **none** Date of **7/10/35**

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **accident** Date of injury **6/10/35**

Where did injury occur? **St. Joseph**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury **Fell from 2nd story**

Nature of injury **Ruptured Heart 1st cervical & 7th**

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify **Forrest Thomas Coroner.**

(Signed) **731 Taron**, M. D.

(Address)

1. The first group of people, the "old guard," are those who have been in the industry for a long time and have a lot of experience. They are the ones who have built the industry and are the ones who are most likely to be successful in the future.

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10. 11. 1964

1990

CONFIDENTIAL

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