JUL 18 1935

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

Do not use this space.

85

19001

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph. (No. Missouri Methodist Hospital St. Ward)
Registration District No. 1001
Primary Registration District No.
File No. 626
Registered No.

2. FULL NAME Stephen Zurke
(a) Residence, No. 205 Arizonia St., Ward.
(Usual place of abode)
(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	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	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	58	11	3	

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) Witrzychawicze. (STATE OR COUNTRY) Austria

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Steve Turbak
(ADDRESS) 319 Ohio Street

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemt
PLACE St. Joseph, Mo. DATE June. 12 1935

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Street St. Joseph, Mo.

20. FILED 6-11-1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June. 10 1935

22. I HEREBY CERTIFY, That I ~~attended~~ Autopsyed on deceased from ...., 19...., to on June. 10 1935
I last saw h...... alive on ...., 19 ...... 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. Fractures of 7th cervical vertebrae & 1st Thoracic

Date of onset

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

Name of operation none Date of
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, 1935
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 of
Nature of injury Ruptured heart. 7th cervical & 1st thoracic

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Forrest Thomas Coroner., M. D.
(Address) 731 Faraon