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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

DEC 30 1936

Do not use this space.

43340

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 423

City Jefferson Barracks (No. Vets. Adm. Fac. St. Ward)

2. FULL NAME Harry TURCK

(a) Residence, No. 2118 Collinsville St., Ward. Madison, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF — Mrs. Elsa Turck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1888

7. AGE: Years 48 — Months 1 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) unavailable — 11. Total time (years) spent in this occupation unkwn

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Henry Turck

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

MOTHER

15. MAIDEN NAME unavailable

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

17. INFORMANT M. Schulley (ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE National Cemetery DATE November 9, 1936

19. UNDERTAKER C. Hoffmeister Und. & L. Co. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Nov 9, 1936 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h. in alive on November 6, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Bronchopneumonia, Left Lung	unkwn

Other contributory causes of importance:

Chronic Myocarditis	unkwn

Name of operation none — Date of ....

What test confirmed diagnosis? PHY. EXAM. CLIN. Manifestations — Was there an autopsy? YES

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

Accident, suicide or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. HUGHES, M. D.

(Address) Chief Medical Officer, Jefferson Barracks, Mo.