

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

20577

Do not use this space.

5716

REC'D III 12 1938

791  
1008

1. PLACE OF DEATH

(a) County..... / Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City St. Louis (d) Street No. City Hospital No. 1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adolph Turex 620

(a) Residence, No. 202 Lafayette 23 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

#### 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) June 25, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
53		11	27	

OCCUPATION

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

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

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) Austria 1

FATHER

13. NAME Frank Turex 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

MOTHER

15. MAIDEN NAME Margaret Juno

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 24, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. McKee L. 2842

20. FILED JUN 24 1938 J. B. Buehler Local Registrar

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21/38 19

22. I HEREBY CERTIFY, That I attended deceased from 5/25/38 19, to 6/21/38 19.

I last saw him alive on 6/21/38 19. Death is said to have occurred on the date stated above, at 9.40 a.m.

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

Carcinoma of Lung; metastatic to Bone, adrenal & liver

Date of onset

Other contributory causes of importance:

Name of operation No Date of Yes

What test confirmed diagnosis? 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) Marshall Westely M. D. (Address) City Hospital No. 1

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.

*Not Embalmed*

**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.....

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, above space should be left blank.**