DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38209

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1245

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1940

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 319 Ohio Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether In this community 30 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 319 Ohio (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME Stanley J. "Steve" Turbak

3. (b) If veteran, name war None

3. (c) Social Security No. 487-05-1553

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Magdalen Turbak

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April (Month) 1, (Day) 1887 (Year)

8. AGE: Years 53 | Months 7 | Days 26 | If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Swift & Co.

FATHER
12. Name Paul Turbak
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Tekla Roznowski
15. Birthplace Unknown (City, town, or county) Poland (State or foreign country)

16. (a) Informant Mrs. Magdalen Turbak

(b) Address 319 Ohio St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director H. O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 11-29-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1940 hour about 11 minute 30 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased from Nov 28th, 1940 to ___, 19__; that I last saw h~~e~~ on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Indigestion

Due to To much unwholesome food

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? no (e) Means of injury

23. Signature [signature] (M. D. or other) Coroner

Address [illegible] Date signed 11/29/40

ST. JOSEPH

(Licensed Embalmer's Statement on Reverse Side)

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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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, fact should be so stated above.