

S. No. 2
M-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **957**
Registrar's No. **70**

Filed FEB 24 1942

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis Maplewood**
(If outside city or town limits, write "RURAL")
(d) Street No. **7819 Bartold**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Emma P. Tuerkisch**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

20. DATE OF DEATH: Month **Jan.** day **1**
year **1942** hour **9** minute **P.** M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Gustav Tuerkisch** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 3, 1859**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct. 25** 1941 to **Jan. 1** 1942
that I last saw her alive on **Jan. 1** 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
82 **5** **28** hr. min.

Immediate cause of death **Cerebral Thrombosis** **2 months**
Due to **Cerebral Arteriosclerosis** **2 months**

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Due to **Diabetes Mellitus** **5 years**
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **59**
Of autopsy **59**

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **? Roeller**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gus Tuerkisch**
(b) Address **7819 Bartold**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-5-1942**
(Month) (Day) (Year)
(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7486 Manchester**

19. (a) **JAN 5 1942** (Date received local registrar) **J. F. Bredeek** (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Thos. A. P. Hill** (M. D. or other) **SM**
Address **7346 a Manchester** Date signed **1/2/42**

(Licensed Embalmer's Statement on Reverse Side)

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

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96
NR 3
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MOTHER FATHER

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

J. A. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.