No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15738

FILED MAY 9 1947

Registration District No. 318 Primary Registration District No. 1065 Registrar's No. 139

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. Anyhony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 714a Dover Pl. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rose M. Tuerck

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Arthur Tuerck

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

7. Birth date of deceased September (Month) 17th, (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	14	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name George Boettinger
13. Birthplace (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Erna Tuerck
(b) Address 714a Dover Pl., St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 3, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1947 hour 12 minute 04 A.M.

21. I hereby certify that I attended the deceased from April 11, 1947 to May 1, 1947 that I last saw her alive on April 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration April 21/47

Due to Fracture of right neck of Femur — April 11/47

Due to Fall at Home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Fracture of Right neck Femur April 14/47 by Dr. S. M. Leydig

Of autopsy

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

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

(a) Accident, suicide, or homicide (specify) 000

(b) Date of occurrence April 11 /47

(c) Where did injury occur? 714 Dover (City or town) St Louis (County) (State)

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

While at work? no Means of injury Fracture R neck Femur

23. Signature A. W. Peters (M. D. or other)

Address 4145 S Grand Date signed May 1/47

Jefferson City Printing Co.

(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 Robert Cwheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.