

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10691**
Registrar's No. **2868**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS, MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 24 2831 Miami	

3. NAME OF DECEASED (Type or Print) a. (First) ALOIS b. (Middle) _____ c. (Last) TUREK			4. DATE OF DEATH (Month) (Day) (Year) 3 25 52		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 20, 1885		9. AGE (In years last birthday) 66 # UNDER 1 YEAR _____ # UNDER 1 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M.D.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME John Turek		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE Clare Turek	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Clare Turek	
				ADDRESS 2831 Miami	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DISSECTING ANEURYSM (NON-SYPHILITIC)			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H51X	
22. I hereby certify that I attended the deceased from 3/25 , 19 52 , to 3/25 , 19 52 , that I last saw the deceased alive on 3/25 , 19 52 , and that death occurred at 5:05a m. , from the causes and on the date stated above.					

23a. SIGNATURE F.R. Bradley (Degree or title) MD		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/28/52		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
		24d. LOCATION (City, town, or county) (State) St Louis County Mo			

DATE REC'D BY LOCAL REG. MAR 26 1952		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	
				ADDRESS 7027 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

APR 12 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 2767

P. O. Address 7027 Gravois

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.