

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11602**

XC 15 557 257  
REG # 100606  
FILED APR 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **766**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>11 days</b>		2029	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>5418 BLOW STREET</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SAM</b>		b. (Middle) <b>(NMI)</b>	
c. (Last) <b>TURCO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 21, 1952</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 11, 1908</b>
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>RESTAURANT MANAGER</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>WILLISVILLE, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>PETE TURCO</b>		13b. MOTHER'S MAIDEN NAME <b>ROSE SCANIO</b>	
14. NAME OF HUSBAND OR WIFE <b>HELEN TURCO</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-II</b>	
16. SOCIAL SECURITY NO. <b>326146071</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>	
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) <b>CEREBRAL VASCULAR ACCIDENT</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BRONCHOGENIC CARCINOMA</b>		INTERVAL BETWEEN ONSET AND DEATH	
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 <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>162X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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? _____		22. I hereby certify that <b>VA</b> attended the deceased from <b>3-10-52</b> , 19____, to <b>3-21-52</b> and that death occurred at <b>6:15 P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Donald M. Gallogher</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	
23c. DATE SIGNED <b>3-21-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>Mar. 25 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hofmeister U. &amp; L. Co.</b>	
DATE REC'D BY LOCAL REG. <b>3-22-52</b>		ADDRESS <b>7814 So. Broadway, St. Louis, Mo. 11</b>	

**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

*Levin C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 1814 S. Bowen

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.