

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12440**
Registrar's No. **3201**

FILED APR 4 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249 d. STREET ADDRESS (If rural, give location) 24 3209 So. 9th Street	
3. NAME OF DECEASED (Type or Print) a. (First) VALENTINE (Middle) (Walenty) (Last) TUREK		4. DATE OF DEATH (Month) (Day) (Year) MARCH 24, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Jan. 2, 1884
9. AGE (In years: last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	
11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Emily		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. 490-12-473A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Brohammer 2637a Wyoming, St. Louis Mo.	
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) Cerebral vascular thrombosis ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aspiration pneumonia	
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) (m.) _____		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 I attended the deceased from <u>3-20-53, 19</u> , to <u>3-24-53, 19</u> , that I last saw the deceased alive on <u>3-24-53, 19</u> , and that death occurred at <u>4:48A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) John M. Walker M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 3-24-53		24a. BURIAL, CREMATION REMOVAL (Specify) Removal	
24b. DATE Mar. 27, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24d. LOCATION (City, town, or county) (State) Mt. Olive & Lemay Ferry Rd.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 So. Broadway St. Louis, Mo. 11	
DATE REC'D BY LOCAL REG. MAR 25 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

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 _____

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S. Broadway

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.