

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27655

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St Louis** (d) Street No. **923 E 11th Ewing** Registered No. **7669**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laura Turko (TURKS) 629
 (a) Residence, No. **923 E 11th Ewing** St. **21** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Tom Green**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 4 - 1863**
 7. AGE YEARS **75** MONTHS **1** DAYS **22** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housework**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **Home**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

FATHER 13. NAME **Wesley Young**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

MOTHER 15. MAIDEN NAME **Sarah ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **Mable Andrews, 2925 Canton**

18. BURIAL, CREMATION OR REMOVAL PLACE **Maltanba Mo** DATE **Aug 29, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **F.A. Green, 2915 Franklin Ave**

20. FILED **AUG 29 1938** **J.P. Burkholder** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 26, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 24, 1938, to Aug 26, 1938**

I last saw him alive on **25th of Aug, 1938**. Death is said

to have occurred on the date stated above, at **11:45 a.m.**

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

July 18, 1934

Other contributory causes of importance:

**Hypertension
apoplexy**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **F. A. Green**, M. D.

(Address) **930 - 11th Ewing**

Dr. Long

SEP 10 1953

SEP 14 1953

STATEMENT BY LICENSED EMBALMER

I, F. A. Gibson, Licensed Embalmer No. 2963

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed F. A. Gibson
Licensed Embalmer No. 2963

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.)