

No. 2
17-35
X23159

FILED AUG 15 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1641

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)
In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4960 Blow
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1941 hour 6:57 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

ImmEDIATE CAUSE OF DEATH: By being accidentally burnt in a bath tub of hot water and suffering 2nd degree burns of the feet, legs and buttocks.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Chronic Myocarditis.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 27, 1941
(c) Where did injury occur? Manchester Nursing Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Manchester Nursing Home

While at work? _____
(Specify type of place) (e) Means of injury _____
Signature Louis J. Papp
Address Kirkwood, Mo. 8/4/41 Date signed _____

3. (a) PRINT FULL NAME Joseph Turek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased November 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 8
If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Terminal R. R.

12. Name John Turek

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Alois Turek

(b) Address 2540 So. Jefferson

17. (a) Burial (b) Date thereof 8-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director John L. Geigeborn

(b) Address 7027 Grand

19. (a) AUG 6 1941 (Date received local registrar) (b) L. J. Papp (Registrar's signature)

AUG 11 1941

AUG 14 1941

AUG 26 1941

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grand*

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.