

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17762
4336

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>Mad</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>0</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>17</i>		d. STREET ADDRESS (If rural, give location) 4904 Euclid Ave. <i>90</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			3. NAME OF DECEASED a. (First) Morris b. (Middle) c. (Last) Turk		4. DATE OF DEATH (Month) (Day) (Year) May 14, 1949		
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Months Days Hours Min. <i>Agst. 76</i>	12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Austria <i>4</i>				
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sarah Turk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Turk-4904 Euclid				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Accident</i> INTERVAL BETWEEN ONSET AND DEATH <i>524 hrs.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic C.V. Disease</i> DUE TO (c) <i>Carcinoma of colon</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION 5-4-49		19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of colon</i>					
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) <i>40</i>				
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? <i>153X</i>				
22. I hereby certify that I attended the deceased from <i>March 15, 1949</i> , to <i>May 14, 1949</i> , that I last saw the deceased alive on <i>May 14, 1949</i> , and that death occurred at <i>7:00 pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J. B. Lassater</i> (Degree or title) <i>M.D. O.</i>			23b. ADDRESS <i>462 N. Taylor</i>		23c. DATE SIGNED <i>5/15/49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/15/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem. St. Louis County, Mo.</i>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Lassater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman H. ...</i>		ADDRESS <i>5216 Selmer</i>			

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

57612 INDI

Handwritten signature

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 _____

Handwritten signature: John H. Hutter

Licensed Embalmer No. ~~590~~

P. O. Address _____

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.