S. No. 300
v. 10-48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3489

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Valley Park
c. LENGTH OF STAY (In this place) 5 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Moll Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 65 Glendale 4651
d. STREET ADDRESS (If rural, give location) 900 Dwyer St.

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Leo
c. (Last) Turek

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mch.20.1889
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Inspector
10b. KIND OF BUSINESS OR INDUSTRY Milk Industry
11. BIRTHPLACE (State or foreign country) St.Louis
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Turek
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Ilma Turek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. 486-14-9095
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas.B.Turek 900 Dwyer Glendale.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 da

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

Invalid DUE TO (c) _____ 345X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* Multiple Sclerosis — chr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 345X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 12, 1949, *to* Jan 18th, 1950, *that I last saw the deceased alive on* Jan 18, 1950, *and that death occurred at* 5 40 *m., from the causes and on the date stated above.*

23a. SIGNATURE O. L. Seabaugh (Degree or title) M D
23b. ADDRESS Webster Groves Mo
23c. DATE SIGNED Jan 19 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 21 1950
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) St.Louis (State) Mo.

DATE REC'D BY LOCAL JAN 20 1950
REGISTRAR'S SIGNATURE Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Und. Co WEBSTER GROVES MO

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leslie Welch

Licensed Embalmer, No. 4395

P. O. Address Webster Groves

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.