

DEC 22 1941 791  
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Boyle & Olive Street. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 44 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4252 Washington Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7th.  
year 1941 hour 6 minute..... M.  
21. I hereby certify that I attended the deceased from several years  
..... 19..... to..... 19.....  
that I last saw him alive on Nov. 6 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary thrombosis  
Duration.....  
Due to arterio-sclerotic heart disease

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

Major findings:  
Of operations.....  
Of autopsy.....  
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).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury.....  
23. Signature Sanson Wimmerman (M. D. or other)  
Address W. Theater Bldg. Date signed 11-8-41

3. (a) PRINT FULL NAME Henry H. Surmeyer.  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M. 5. Color or race R.W. 6. (a) Single, widowed, married, divorced Single.

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

7. Birth date of deceased Dont Know, 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months Dont Know Days Know hr. min.

9. Birthplace Illinois. (City, town, or county) (State or foreign country)

10. Usual occupation Wood Perserver.

11. Industry or business.....

12. Name H.H. Surmeyer

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

14. Maiden name Crescentia Metzger.

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

16. (a) Informant George Surmeyer.

(b) Address 4252 Washington Ave.

17. (a) Burial (b) Date thereof 11-10-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Illinois.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 12 1941 (b) J. J. Budick  
(Date received local registrar) (Registrar's signature)

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

0  
1  
9

*Dr. Williams*  
*Ms. Thea Bly*  
*12 years*

*1933*  
*1933*

**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 *W. H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

**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.**