

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

2
43
39
35697

FILED JAN 25 1945
Registration District No. _____

Primary Registration District No. 100

State File No. _____
Registrar's No. 382

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: Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 1/2 Hours
(Specify whether _____)

In this community 41 years
years, months or days

3. (a) PRINT FULL NAME JOSEPH J. SURKAMP

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 Married

6. (b) Name of husband or wife Mathilda Brueske Surkamp 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 6 (Month) 18 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	6	25	hr. min.

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

10. Usual occupation Ret'd Hdw. Merchant

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Surkamp

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

14. Maiden name Elizabeth Hatka

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

16. (a) Informant Ralph E. Surkamp

(b) Address 5119 Labadie

17. (a) Burial (b) Date thereof 1-15-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) JAN 15 1945 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis WELLSTON, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6739 Page Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1945 hour 9 minute 15 P. 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: Fracture of skull. Dural
lyeal hematoma of brain when
he was struck by a automobile
driven by a husband he could
not stop in front of 6764 Page
ave. St. Louis County Missouri
around 7:30 AM Jan. 12 1945

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

PHYSICIAN

Major findings: 170
Of operations 21

Of autopsy _____

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 09/6

(b) Date of occurrence Jan 12 1945

(c) Where did injury occur? St. Louis County
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

While at work? _____ (Specify type of place)
(2) Means of injury Car above

23. Signature Patrick E. Taylor (M. D. or other) _____
Address Deputy Coroner Date signed 1-13-45

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..... *Thomas R. Fenwick*

Licensed Embalmer No..... *3793*

P. O. Address..... *St. Louis Mo*

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.