V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 15637

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4732

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

**1. PLACE OF DEATH:**

(a) County ST. LOUIS MO

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ISOLATION HOSPITAL 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-6-45 TO 5-27-45 (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 17

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 5800 ARSENAL 13 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** JOSEPH SURMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SEP 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1878 years

7. Birth date of deceased (Month) (Day) (Year) 1878

8. AGE: about 67 Years 1878 Months - Days - If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

10. Usual occupation HUCKSTER

11. Industry or business NELLIE HARRIS

FATHER
12. Name HENRY SURMAN
13. Birthplace CANADA (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name LOUISE BENNINGER
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant NELLIE HARRIS

(b) Address 5600 ARSENAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Weick Bros

(b) Address 2201 S. Grand

19. (a) MAY 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY 27 day year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 4-6-45, 19, to 5-27-45, 19; that I last saw him alive on 5-27-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to

Due to

Other conditions Hypertrophy of prostate; senility (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R W Maxwell (M. D. or other)

Address 5600 Arsenal Date signed 5-28

(Licensed Embalmer's Statement on Reverse Side)

## 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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchoquelle

**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.**