

No. 2  
-1/47  
5-17-39

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29572**  
Registrar's No. **7327**

Registration District No. **318**

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..... **St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **4**

(c) City or town..... **Thompson**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No..... **N.R.** (If rural, give location) **1**

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

If yes, name country.....

3. (a) PRINT FULL NAME..... **Virgil Surber**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. .... **None**

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Amanda Lee Surber**

6. (c) Age of husband or wife if alive..... **27** years

7. Birth date of deceased..... **January 31 1918**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>29</b>	<b>6</b>	<b>4</b>	hr. min.

9. Birthplace..... **Thompson Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....

12. Name..... **W. R. Surber**

13. Birthplace..... **Thomson Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Ertle Beuer**

15. Birthplace..... **Fisher Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Amanda Surber**

(b) Address..... **Thompson, Mo.**

17. (a) **Burial** (b) Date thereof..... **8-7-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mexico, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **AUG 5 1947** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug** day..... **4**  
year..... **1947** hour..... **1** minute..... **30**

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Paternaly Pedema, Extrinsic**  
**fractured neck fracture**  
**left neck when blinded by**  
**the light of an approaching**  
**automobile passing the**  
**truck he was driving**  
**across the road**

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

Major findings.....  
Of operations.....

Of autopsies.....

Underline the cause of 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 road**

(b) Date of occurrence..... **Aug 4 1947**

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **public place**  
(Specify type of place)

23. Signature..... **J. F. Bredack** or other..... **J. F. Bredack**  
Address..... **St. Louis** Date signed..... **8/5/47**

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

MOTHER FATHER

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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.....

*Ernest W. Spillars*  
.....  
..... Licensed Embalmer No..... *4080*

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.