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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948 318

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 18072

Registrar's No. 4483

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

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: C Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 50 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5987a Minerva 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lorenzo Surrisi (Soresi)

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 Married 1

6. (b) Name of husband or wife Sarafina

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August (Month) 10 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	9	1	hr. min.

9. Birthplace Partinico (City, town, or county) Italy (State or foreign country) 5

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Francesco Surrisi
13. Birthplace Partinico (City, town, or county) Italy (State or foreign country) 5

MOTHER
14. Maiden name Margarita Musso
15. Birthplace Partinico (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant Sarafina Surrisi
(b) Address 5987a Minerva

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) MAY 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1, 1948, to May 10, 1948; that I last saw him alive on May 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	11 days
Due to: Hypertensive heart disease	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

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)

(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 Gaspare Sciortino (M. D. ~~or other~~)

Address 5501a St Louis Ave Date signed 5/12/48

Gaspare Sciortino

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4277

P. O. Address St Louis

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.