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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 4 1948

Registration District No. 577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6576

State File No. 39022

Registrar's No. 2730

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
9131 Lucia Dr /
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days)

3. (a) PRINT FULL NAME Sophia Surman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife August

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

7. Birth date of deceased: May 24 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
84	5	28	hr. _____ min.

9. Birthplace: St Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Philip Herbert

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

14. Maiden name Rosina Koenig

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

16. (a) Informant Anna Byrne

(b) Address 9131 Lucia Dr. Affton

17. (a) Burial (b) Date thereof 11/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cemetery

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) 11-26-48 (b) Bevilacqua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

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

(d) Street No. 9131 Lucia Dr
(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 22
year 1948 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb, 1939, to 11/22/1948

that I last saw her alive on 11/22/1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure 18 hrs
Duration

Due to Chronic Myocarditis & General Arteriosclerosis

Due to 93d

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

PHYSICIAN

Major findings: _____
Of operations _____

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) _____

(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? D

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Pugh Harris (M. D. or other) MD
Address 3720 Washington Ave Date signed 11/23/48

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. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Graves*

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.