

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6734

FILED FEB 23 1949

318

1008

State File No. _____

Registrar's No. **1185**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 1185			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 29 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4567 Page Blvd					
3. NAME OF DECEASED (Type or Print) a. (First) Adrian			b. (Middle) _____			c. (Last) Surgest			
4. DATE OF DEATH (Month) (Day) (Year) February 6, 1949		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH April 8, 1905		9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Alabama			
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Charles Surgest		13b. MOTHER'S MAIDEN NAME Katie Grant		14. NAME OF HUSBAND OR WIFE Kathleen Surgest		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497208440		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kathleen Surgest 4567 Page Blvd.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 74a 2/10 207						INTERVAL BETWEEN ONSET AND DEATH Unk	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from February 3, 1949 , to February 6, 1949 , that I last saw the deceased alive on February 6, 1949 , and that death occurred at 12:00 Am. , from the causes and on the date stated above.									
23a. SIGNATURE E. B. Williams Jr. (Degree or title) M.D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 2/7/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/9/1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.			
DATE REC'D BY LOCAL REG. FEB 7 1949		REGISTRAR'S SIGNATURE J. B. Sessler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney Av.					

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Thomas J. [Signature]

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4259

P. O. Address _____

41077

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.