

FILED JUN 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. **22058**
5054
 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 4419 FARLIN AVE	

3. NAME OF DECEASED (Type or Print) HATTIE	a. (First)	b. (Middle)	c. (Last) SUERMAN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 7, 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAY 20 1891	9. AGE (In years last birthday) 59	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY #195-28-4911	11. BIRTHPLACE (State or foreign country) INDIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LAWSON TRAYLOR	13b. MOTHER'S MAIDEN NAME MARY ROBLING	14. NAME OF HUSBAND OR WIFE EDWARD SUERMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. # 495-28-4911	17. INFORMANT'S SIGNATURE OR NAME EDNA SUERMAN ADDRESS 4419 FARLIN AVE
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		10 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Left Lung DUE TO (c)		20 mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Oct 1948	19b. MAJOR FINDINGS OF OPERATION Ca of Lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 163X
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22. I hereby certify that I attended the deceased from July, 1948, to June 7, 1950, that I last saw the deceased alive on June 7, 1950, and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE D. C. Lindeman (Degree or title)	23b. ADDRESS 4126 Shren Ave	23c. DATE SIGNED 6-8-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/10/50	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
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DATE REC'D BY LOCAL REG. JUN 8 1950	REGISTRAR'S SIGNATURE J. B. Forster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. *4366*

P. O. Address *Lebanon, Mo.*

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.