

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4234**

FILED FEB 10 1953

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 540	Registrar's No. 6406
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. LENGTH OF STAY (in this place) 60 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston
d. FULL NAME OF HOSPITAL OR INSTITUTION 1512a Kienlen Ave.		d. STREET ADDRESS (If rural, give location) 1512a Kienlen Ave.		4301
3. NAME OF DECEASED (Type or Print) Benjamin		a. (First) H	b. (Middle) Surkamp	c. (Last) 1953
4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 1953		5. SEX 0 Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 7 1861		9. AGE (In years last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocer		11. BIRTHPLACE (City and State or Foreign Country) Lutsville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Surkamp		13b. MOTHER'S MAIDEN NAME ? Hatke
14. NAME OF HUSBAND OR WIFE Emma Surkamp Dec.		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. None
17. INFORMANT'S SIGNATURE OR NAME Richard Surkamp		ADDRESS 3726 Oakmount Dr.		
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) Apoplexy - ANTECEDENT CAUSES Arterio Sclerosis 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.		INTERVAL BETWEEN ONSET AND DEATH 4 days 3 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1/23 , 19 53 , to 2/1 , 19 53 , that I last saw the deceased alive on 1/31 , 19 53 , and that death occurred at 12:15a. , from the causes and on the date stated above.				
23a. SIGNATURE Therese Greene MD		23b. ADDRESS 45th. Olive St.		23c. DATE SIGNED 2/2/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/4/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark		ADDRESS 1125 Hodiament Ave.
DATE REC'D BY LOCAL REG. 2-3-53		REGISTRAR'S SIGNATURE Herbert R. ... MD		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 7 1968

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.

Student
Student Embalmer

Signed John J. Haines
Licensed Embalmer No. 4108

P. O. Address St. Louis, 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.