No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43957

BIRTH NO. FILED JAN 15 1957 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11773

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

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 956 Hamilton Ave. 9/2/0

e. STREET ADDRESS (If rural, give location) 5514 Pershing Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes b. (Middle) B. c. (Last) Surmeyer

4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 24, 1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 2 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and State or Foreign Country) Ednia Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Bowles
13b. MOTHER'S MAIDEN NAME Mary Cass
14. NAME OF HUSBAND OR WIFE George T. Surmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS George T. Surmeyer 5514 Pershing Av

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH months.

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.

19a. DATE OF OPERATION 10-31-56
19b. MAJOR FINDINGS OF OPERATION Carcinoma Pancreas 157X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-12-56 *19*__, *to* 12-24, *19*56, *that I last saw the deceased alive on* 12-22, *19*56, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Clarence G. Dunn M.D.
23b. ADDRESS 1927 [illegible]
23c. DATE SIGNED 12-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-26-56
24c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery
24d. LOCATION (City, town, or county) (State) Quincy, Illinois

DATE REC'D BY LOCAL REG. DEC 24 1956
REGISTRAR'S SIGNATURE J. Carl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart, 1225 Union Blvd.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin L. Kempe

Licensed Embalmer No. 405

P. O. Address 3505 Oak
St. Louis 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.