

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43958**
10885

FILED DEC 18 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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 OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 5514 Pershing	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Surmeyer c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1868
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 11 Days 19	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Geo. Surmeyer Lumber Co.	
11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Surmeyer		13b. MOTHER'S MAIDEN NAME Crescentia Metzger	
14. NAME OF HUSBAND OR WIFE Agnes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 344-14-4079		17. INFORMANT'S SIGNATURE OR NAME George T. Surmeyer ADDRESS 5514 Pershing	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Bilateral Hydrathorax		II. OTHER SIGNIFICANT CONDITIONS Multiple fractures, suffered when struck by car operated by Virginia Leach and ran over by unknown car, which struck scene, in vicinity of 5515 Pershing Ave., about 4:55 pm Nov 20 1956.			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 35	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 20 56 4:56 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? car	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE Stueck L. Taylor Curran (Degree or title) 2		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/29/56		24c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery	
24d. LOCATION (City, town, or county) (State) Quincy, Illinois					

DATE REC'D BY LOCAL REG. NOV 28 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Chas. F. Stuart ADDRESS 1225 Union Bl.	
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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, 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*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.