MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 26007

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. 4115 N. 20 ..... St. ..... Ward)

File No. ..... Registered No. 7630

2. FULL NAME John Henry Overbeck

(a) Residence. No. 4115 N. 20 St., 9 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband Rose Overbeck.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 15. 1885

7. AGE: Years 42 | Months 7 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Auto Worker.

(b) General nature of industry, business, or establishment in which employed (or employer): General Motors Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

PARENTS

10. NAME OF FATHER: Henry Overbeck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

12. MAIDEN NAME OF MOTHER: Louise Boening

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

14. INFORMANT (Address): Rose Overbeck 4115 N. 20.

15. FILED AUG 27 1927 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 24 1927

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1927, to Aug. 24, 1927 that I last saw him alive on Aug. 23, 1927, and that death occurred, on the date stated above, at 4:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis 131

93C

Duration-probably a year or two

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 A

9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. Niebruegge MD, M. D.

8/24, 1927 (Address) 36 N 20 th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Bethlehem

DATE OF BURIAL: Aug. 28. 1927

20. UNDERTAKER: Suedmeyer

ADDRESS: 3934 N. 20

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...EARNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD