WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10066

File No. 2046

Registered No.

791
1003

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo. (No. 1011 S. 7th St. Ward)

2. FULL NAME Baby Overton

(a) Residence, No. 1011 S. 7th St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2/32

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME A. Raymond Overton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Ruby Elsie Bowen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Raymond Overton 1014 S. 7th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kerrin Ill. DATE 3-2 1932

19. UNDERTAKER (ADDRESS) Witt Bro. K & U. Co 3609 S. Vandeventer Av.

20. FILED MAR -2 1932 Henry C. Kirkel M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2/32. 19

22. I HEREBY CERTIFY, That I attended/deceased from 3-2, 1932, to 3-2, 1932

I last saw him alive on 3-2, 1932. Death is said to have occurred on the date stated above, at 5-10 A.m.

The principal cause of death and related causes of importance were as follows:

Breech delivery — Asphyxia neonatorum — after coming head not delivered for 15 min. (no medical attendance till later)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard N. Gerwitz, M. D.

(Address) 3245 Lafayette