

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

Do not use this space.

31137

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **9001**
 City **St. Louis,** (No. **St. Anthony Hospital**)..... St. _____ Ward)
 File No. _____
 Registered No. **7829**

2. FULL NAME Frank L. Overberg.

(a) Residence, No. 3155 Meramec St. St. 15 Ward. (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) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Overberg.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1854.		
7. AGE	YEARS	MONTHS
	78	8
		DAYS
		23
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137	
	10. Date deceased last worked at this occupation (month and year)..... 135	
	11. Total time (years) spent in this occupation..... 16 1/2	

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

FATHER 13. NAME **Henry Overberg.**

FATHER 14. BIRTHPLACE (CITY OR TOWN)..... **Germany.**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Determann.**

MOTHER 16. BIRTHPLACE (CITY OR TOWN)..... **Germany.**
 (STATE OR COUNTRY)

17. INFORMANT Mary Overberg.
 (ADDRESS) 3155 Meramec St.

18. BURIAL, CREMATION, OR REMOVAL
 SS. Pater & Paul Cem. DATE Sept. 17, 1933.

19. UNDERTAKER J. H. Gekow & Co.
 (ADDRESS) 2842 Meramec St.

20. FILED 10 10 33, 19 33
J. F. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1933

22. I HEREBY CERTIFY, that I attended deceased from Aug 30 33 to Sept 8 33
 I last saw him alive on 9-8-33, 19..... Death is said to have occurred on the date stated above, at 8:30 P. m.
 The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy
Senility
 Date of onset 8/30/33
 Other contributory causes of importance: **Prostatectomy**
Supra pubic Cystotomy
 Name of operation..... Date of operation.....
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

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? **no**
 If so, specify.....
 (Signed) Joseph L. Ferris M. D.
 (Address) 4709 Virginia Ave

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.

ACT 20 1933

WITH UNPAID INK—THIS IS A PERMANENT RECORD

