

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *3123 Michigan Ave*) St. _____ Ward _____

File No. **7048**
 Registered No. **1927**
 St. _____ Ward _____

2. FULL NAME *Herman N Overstolz*

(a) Residence, No. *3123 Michigan Ave* St. *16* 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 *Olga P. Overstolz*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 7 - 1871*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Secretary*

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

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.*

13. NAME *Hoy N. Overstolz*

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

15. MAIDEN NAME *Antonia Wandlandt*

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

17. INFORMANT *Olga P. Overstolz* (ADDRESS) *3123 Michigan Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hiram* DATE *Feb. 24, 1934*

19. UNDERTAKER *Hoy Leidner Mfg Co* (ADDRESS) *1417 N. Market St.*

20. FILED *FEB 23 1934* *J. J. Brudeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 22nd, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 4th 1931* to *February 22nd 1934*
 I last saw him alive on *February 22nd 1934* death is said to have occurred on the date stated above at *7³⁰ A.m.*
 The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral apoplexy
arteriosclerosis

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) *J. Robert Brewster*, M. D.
 (Address) *1972 V 12th City*

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.

