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.

MAY 7 1936

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

Do not use this space.

16885

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 4724 Pennsylvania Ave. St. ..... Ward)

File No. ..... Registered No. 3630

2. FULL NAME George H. Overberg

(a) Residence, No. 4724 Pennsylvania Ave. St., 15 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary C. Overberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17, 1856.

7. AGE: YEARS 79 | MONTHS 4 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Beer Bottler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 15 yrs.

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: Henry Overberg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland.

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Geo. H. Overberg Jr. 4724 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL: S. Peter & Paul Cem. DATE Apr. 6, 1936.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED APR 3 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1935, to April 2nd, 1936

I last saw him alive on April 2nd, 1936 Death is said to have occurred on the date stated above, at 11:30 A.m.

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

Chronic Arthritis

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation — Date of .....

What test confirmed diagnosis? Cl. Findings 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) Frank J. Schwarz, M. D.

(Address) 5530 Virginia Ave.