

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. Lutheran Hospital)

File No. 8435
Registered No. 1887
St. Ward)

2. FULL NAME Caroline Overmann

(a) Residence, No. 533 Hoffmeister Ave. st., NR Ward. Lemay, Missouri.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 4 19

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

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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Fritz Freese

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Herman Overmann (ADDRESS) 533 Hoffmeister ave, Lemay, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem DATE Feb. 15, 1937

19. UNDERTAKER C. Hoffmeister U. & L. CO. (ADDRESS) 7814 S. Broadway

20. FILED FEB 13 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1937 to Feb. 12, 1937
I last saw him alive on Feb. 12, 1937. Death is said

to have occurred on the date stated above, at 8:30 A. M.
The principal cause of death and related causes of importance were as follows:

Fracture Lingual Neck of Femur.
Dramatic or Hypertensive Pneumonia
Date of onset

Other contributory causes of importance:
acute Endocarditis 2 da.

Name of operation Splinted 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? pegs in yard Date of injury Feb. 12, 1937

Where did injury occur? at home in Lemay, Mo
(Specify city or town, county, and State)

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

Manner of injury Fall on pegs in yard
Nature of injury Fractured Femur Right

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

If so, specify None
(Signed) O. A. Mulach, M. D.

(Address) 7405 Mich. av.

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.

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