

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32940

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City ST. LOUIS
 (d) Street No. 2814 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1003
 Registered No. 8994

2. PRINT FULL NAME

(a) Residence, No. Farr 2814 McNair St. 24
 (Usual place of abode, if no street address, write county or city) (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 divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
09 64 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Christian
 9. Industry or business in which work was done, as saw mill, bank, etc. Science Pract
 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) Kentucky

FATHER 13. NAME Frank Menser

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

MOTHER 15. MAIDEN NAME Jemima Houten

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

17. INFORMANT (ADDRESS) Glenn M. Keel
2814 McNair Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Cemetery DATE 9-27-37

19. FUNERAL DIRECTOR (ADDRESS) W. H. Bro. & Co.
2929 S. Jefferson Ave.

20. FILE SEP 27 1937 J. B. Debeck
 Local Registrar.

No Physician Certificate attached

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at..... m.

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

Coronary Occlusion
94%
 Date of onset

Other contributory causes of importance:
Cerebral Sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 See above
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Alfred Perry, M. D.
 (Signed)..... (Address) Deputy Coroner

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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