

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13204

Do not use this space.

791
1003

Registered No. 3808

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
Life (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.

2. PRINT FULL NAME

Stella Overton 163

(a) Residence, No. 3923 Finney St. 11
(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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Overton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1881
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 / 0 14

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

FATHER 13. NAME Washington Hamilton
14. BIRTHPLACE (CITY OR TOWN) Eolia, Missouri (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Harriet Wheeler
16. BIRTHPLACE (CITY OR TOWN) Eolia, Missouri (STATE OR COUNTRY) Missouri

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4/28 1938

19. FUNERAL DIRECTOR (NAME) Charles J. Gates (ADDRESS) 4107-09 Finney Avenue

20. FILED APR 25 1938 J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1938

22. I HEREBY CERTIFY, That I attended deceased from April 8 1938 to April 21 1938

I last saw her alive on April 21 1938 Death is said to have occurred on the date stated above, at 5 p.

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

Far advanced carcinoma of uterus

Date of onset 4/8/38

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Jos. C. McCall, M. D. (Address) 2601 N Whittier

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.

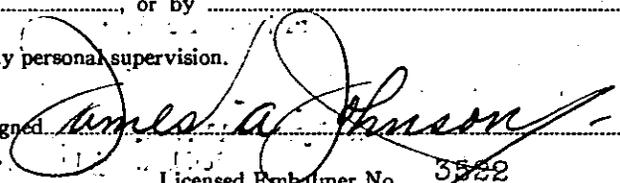
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

or by

Registered Apprentice No., working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.