JUN 2 1938 REC'D JUN 7 1938

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

Do not use this space.

19488

File No.
Registered No. 960

1. PLACE OF DEATH
County St Louis
Registration District No. 784
Primary Registration District No. 200
Township
City Manchester (No. Manchester Nursing Home, St. Ward)

2. FULL NAME Emma Overmann Overman 165 St Louis Mo
(a) Residence, No. 609a Holly Hills St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8 1881

7. AGE: Years 56 | Months 7 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Labeling)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Preserving 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) St Louis (STATE OR COUNTRY) Mo

FATHER
13. NAME George Overmann
14. BIRTHPLACE (CITY OR TOWN) St Louis Mo (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Anna Doose
16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

17. INFORMANT Lizzie Overmann (ADDRESS) 609a Holly Hills St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Trinity Cemetery DATE 6/3 1938

19. UNDERTAKER Beiderwieden Funeral Home Inc. (ADDRESS) 1936 St Louis Ave

20. FILED JUN 7 1938 T. R. Meyer M.D. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19th, 1938, to June 1st, 1938
I last saw her alive on June 1st, 1938. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic broncho-pneumonia	
Carbuncle of chin	
GZC	

Other contributory causes of importance:
Chronic myocarditis
Senile dementia

Name of operation none Date of
What test confirmed diagnosis? Physical 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) B. R. Loving, M. D.
(Address) Ballwin, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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, _____

Signed Felix J. Krispin

Licensed Embalmer No. 3497