DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12368

Registration District No. 784 — Primary Registration District No. 107 — Registrar's No. 637

1. PLACE OF DEATH:

(a) County: St. Louis,

(b) City or town: Ladue Village, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 800 Kent Road, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community: Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis,

(c) City or town: Ladue Village, (If outside city or town limits, write "RURAL")

(d) Street No. 800 Kent Road, (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: John H. Overall,

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Martha S. Overall,

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: August 28, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	2	____ hr. ____ min.

9. Birthplace: Columbia (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Lawyer,

11. Industry or business:

FATHER — 12. Name: John H. Overall,

FATHER — 13. Birthplace: St. Charles, (City, town, or county) Missouri, (State or foreign country)

MOTHER — 14. Maiden name: Mary Rollins,

MOTHER — 15. Birthplace: Columbia, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant's own signature: Sidney R. Overall

(b) Address: 4537 Pershing Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/1/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Bellefontaine Cem.

18. (a) Signature of funeral director: Wagoner Und. Co.,

(b) Address: 3621 Olive St.

19. (a) APR - 1 1940 (Date received local registrar) (b) A. R. Meyer M.D. Reg. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1940 hour 6 minute 30PM M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: ~~Suicide by firearms (shot gun)~~ 3/30/40

Due to: Gun shot wound of left chest--

Due to: in heart region.

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 67

Of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): suicide

(b) Date of occurrence: March 30, 1940

(c) Where did injury occur? Ledau, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury: suicide

23. Signature: John D. Lowell (M. D. or other)

Address: Coroner of St. Louis Co. Date signed 4/1/40

B.C.

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 3621 Cline St

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.