DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13194

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3396

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 10 mos. 11 days (Specify whether years, months or days)

In this community 18 yrs.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 13 22 (If outside city or town limits, write "RURAL")

(d) Street No. ~~1800 Hickory~~ 5400 Arsenal (If rural, give location)

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

3. (a) PRINT FULL NAME Harry Overmeyer 165

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Overmeyer

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

7. Birth date of deceased July (Month) 20, (Day) 1871 (Year)

8. AGE: Years 68 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Williamsport (City, town, or county) Penn. (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name James Overmeyer
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant's own signature Peter Todd

(b) Address 5400 Arsenal St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof APR 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation City Infirmary

18. (a) Signature of funeral director Mr. Ryan

(b) Address 5800 Arsenal Sts

19. (a) APR 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 12, year 1940 hour 6:35 minute a.m. M.

21. I hereby certify that I attended the deceased from October 1, 1939 to April 12, 1940 that I last saw him alive on April 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Supperative Nephritis 3-29-40 acute

Due to cause unknown

Due to Artersclerotis Heart Disease 6-2-1931 x

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes.

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature N. J. Bublis M.D. (M. D. or other)

Address City Hosp. Date signed 4-12-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**