

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23830**
6275
Registrar's No.

AUG 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution: 4724 Pennsylvania
(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)

3. (a) PRINT FULL NAME Mary Overberg 161

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George H. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14. 1860.
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name George Koenig

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph F. Overberg

(b) Address 4724 Pennsylvania Ave

17. (a) Burial (b) Date thereof 7/27/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem

18. (a) Signature of funeral director J. H. Hedden Bur & Und. Co

(b) Address 2842 Meramec Street

19. (a) JUL 26 1940 (b) J. F. Bredsch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4724 Pennsylvania Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24
year 1940 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from 1-22-
1934, to 7-24, 1940;
that I last saw her alive on 7-23-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis 10yr

Due to _____

Due to _____

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

Major findings: Of operations _____

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) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. Jones (M. D. or other) MD

Address 3616 S. Broadway Date signed 7-25

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.

USE PREVIOUS EDITIONS OF THIS FORM FOR RECORDS

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.....

Heriman A. Gebken

Licensed Embalmer No. 2120

2842 Keramec Street

P. O. Address St. Louis, Mo.

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.