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3-13-40
7-37-39
X23139

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

FILED DEC 11 1940

3. (a) PRINT FULL NAME Infant Overmann

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

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

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

7. Birth date of deceased Nov. 18, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	--	--	<u>9</u>	<u>hr. 14 min.</u>

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Edwin Overmann

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Delores Eaton

15. Birthplace Elvins, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Eaton
(b) Address 3520 Palm Street

17. (a) Burial (b) Date thereof 11/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dee Run, Missouri

18. (a) Signature of funeral director Dr. W. M. Kuehler
(b) Address 2301 Lafayette Ave

19. (a) NOV 19 1940 (b) J. B. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 5246 Maple Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18,
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 18
....., 1940, to Nov. 18, 1940;
that I last saw him alive on Nov. 18, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Atelectasis Duration 10 hrs

Due to Prematurity (32 weeks)

Due to.....

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

Major findings:
Of operations.....

Of autopsy None

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 R. V. Boedeker (M. D. or other)
Address Lister Bldg Date signed 11/19/40

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..... *L. R. Cooper*.....

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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, fact should be so stated above.