

FILED AUG 28 1941 91
Registration District No. _____

Primary Registration District No. 1003

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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:
3433 Lawton ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 40 years /
years, months or days)

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. 3433 Lawton ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES L. OVERTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife MAGGIE OVERTON 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 14 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 1 hr. min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Termanel R.R.

MOTHER FATHER { 12. Name unknown 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Josie R. Henley
(b) Address 3433 Lawton ave

17. (a) Burial (b) Date thereof. 7/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Lawton ave

19. (a) JUL 18 1941 (b) J. W. Reddy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 th
year 1941 hour _____ minute 7:50 ^{A.M.}

21. I hereby certify that I attended the deceased from July 7
1941 to July 15 1941
that I last saw him alive on July 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Coronary Thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 J. W. Reddy (M. D. or other) _____
Address 5089 Grand Date signed 7-15-41

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 2649 Dellman

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.