

S. No. 2
-1-4-41
5-17-33
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26731
Registrar's No. 6523

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

Registration District No. 791
Primary Registration District No. 1003

PLACE OF DEATH: 1941
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution 14 days
In this community 0 years, months or days

3. (a) PRINT FULL NAME Alta. Overtruf. Wuest.
3. (b) If veteran, name war No.
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, or married Married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Jan. 1 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Jefferson Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {
12. Name John Compton
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Minerva Music
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Eugene Overtruf
(b) Address Monsanto, Ill.

17. (a) Removal (b) Date thereof 8/9/41 (Month) (Day) (Year)

(c) Place: burial or cremation Christopher, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) 8-9-41 (b) J. J. Benedict (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Monsanto
(d) Street No. 712
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 7 year 1941 hour 7:35 minute P M.
21. I hereby certify that I attended the deceased from July 24 1941 to Aug 7 1941; that I last saw her alive on Aug 7 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomyelitis Bronchopneumonia

Due to Cause unknown non-infectious

Due to 1070

Other conditions (Include pregnancy within 3 months of death) 1070

Major findings: Of operations
Of autopsy Refused

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 Robert E. Cook (M. D. or other) P
Address BARNES HOSPITAL Date signed 8/9/41

Duration 8 weeks

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..... *Harold G. Burnley*
Licensed Embalmer No. *4202*
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, fact should be so stated above.