

FILED JUL 6 1947 791
Registration District No. _____

Primary Registration District No. **1003**

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 **000**
(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) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MAGGIE OVERTON**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **Widow**

6. (b) Name of husband or wife **James L. Overton** 6. (c) Age of husband or wife if alive, **dead** years

7. Birth date of deceased **March 7th 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 17 hr. min.

9. Birthplace **Williams County Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **at home**

12. Name **Gus Hubbard**

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

14. Maiden name **Unknown**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jane Henley**

(b) Address **3433 Lawton ave**

17. (a) **Burial** (b) Date thereof **6/23/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **CW Roberts**

(b) Address **3035 Europa ave**

19. (a) **JUN 23 1947** (b) **J. F. Prendish**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19**
year **1942** hour **4:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Apr 2** 19 **42** to **June 19** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Anaemia + Similitude Pernisipus**
Anaemia

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **0**

23. Signature **M.P. Cox** (M. D. or other) _____

Address **4102 Donny** Date signed _____

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

MOTHER FATHER

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. *Myself*

Signed *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address. *2649 Delmar Bl*

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.