

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32305

State File No.

8666

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4853a Northland 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County _____

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

(d) Street No. 4853 A Northland Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis X. Overmann

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased May 5, 1863
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>79</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired Tailor

11. Industry or business _____

12. Name Henry Overmann

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

14. Maiden name Amalia Moser

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

16. (a) Informant Frank Overmann

(b) Address 4853a Northland

17. (a) Burial (b) Date thereof Oct. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 West Florissant Ave.

19. (a) OCT 19 1942 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1942 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from July 6 to Oct 18/42 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Atherosclerosis
Abdominal Aortic Aneurysm
ruptured for embolism
Secondary Arteriosclerosis

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

Major findings: 94a
Of operations: _____
Of autopsy: 94b

Duration 5 yr.
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)

23. Signature: James P. [unclear]
(Physician)

Address: 10119/42
(City or town) (County) (State)

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.

Signed

Albert G. Happe

Licensed Embalmer No. 2971

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.