

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2036

1. PLACE OF DEATH:

(a) County St. Louis County Clayton

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2055 DeSoto Ave 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Gustav E. Overstreet

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose H. Overstreet

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased May 21, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>3</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Auto mechanic

11. Industry or business _____

MOTHER FATHER

12. Name Edward Overstreet

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

14. Maiden name Mary Brandt

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

16. (a) Informant Rose H. Overstreet

(b) Address 2055 DeSoto Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/43
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 11 1943 (Date received local registrar)
(b) E. D. Mc Garram (Registrar's signature) 7.5.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8,
year 1943 hour 11:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 17th 1943, to Sept. 8 1943.
that I last saw him alive on Sept. 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 hours

Due to Arteriosclerotic heart disease

Due to Chronic Nephritis 5 yrs?

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

Major findings:
Of operations _____
Of autopsy 139

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) Means of injury _____

23. Signature E. D. Mc Garram M.D. of path. MD
Address 2435 N. Grand Date signed 9/9/43

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

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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 Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address St Louis Mo

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.