

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

2  
-43  
-39  
33867

FILED FEB 11 1944  
348

Registration District No. \_\_\_\_\_

Primary Registration District 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: St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Margaret Overy

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred Overy

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct. 21 1875  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>3</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Rochester New York  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Christian Dolde

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

14. Maiden name Katherine Brendels

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

16. (a) Informant Fred Overy

(b) Address 8026 Mathilda

17. (a) Burial (b) Date thereof 2/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Cem

18. (a) Signature of funeral director Helen Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) FEB 2 1944 J. B. Bredeek  
(Date read and filed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Gardenville  
(If outside city or town limits, write "RURAL")

(d) Street No. 8086 Mathilda Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd  
year 1944 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 24 1944 to Feb 2 1944  
that I last saw her alive on Feb 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver

Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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)

(e) Means of injury \_\_\_\_\_

23. Signature Paul Brown (M. D. or other) MD  
Address Paul Brown Bldg Date signed Feb 2 1944

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Joe S. Benz*  
.....  
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

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.