

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13180

State File No.

FILED MAY 2 1944 18

Primary Registration District No. 1003

Registrar's No. 3669

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:
Enroute Homer G. Phillips 3
(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:
(a) State Mo (b) County 000
(c) City or town St Louis 1721
(If outside city or town limits, write "RURAL")
(d) Street No. 2814 Easton Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Alice Overton
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20th
year 1944 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W.T. Overton 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept 5 1865
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 7 Days 15 If less than one day hr. min.

Immediate cause of death Generalized Arteriosclerosis
Sclerosis
Due to.....
Due to..... 97

9. Birthplace Corenth Miss 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation Domestic

11. Industry or business.....
12. Name..... Streets
13. Birthplace Unknown ? 4
(City, town, or county) (State or foreign country)
14. Maiden name Gane Sweeney ? 4
15. Birthplace Unknown ? 4
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant W. T. Overton
(b) Address 2814 Easton Ave

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?.....

17. (a) Burial (b) Date thereof 4-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

(Specify type of place)
- While at work?..... (c) Means of injury.....

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St
19. (a) APR 20 1944 J. J. Budeck
(Date received local registrar) (Registrar's signature)

23. Signature James J. Fitzmaurice 609
Address 1300 E. 11th Date signed 7/29/44

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.....

Lonnie Bagher

Licensed Embalmer No.....

2949

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.