S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29691

Registrar's No. 8033

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: Isolation Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution From 9-7, 1944 (Specify whether
In this community 9-16-1944.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 17

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

(d) Street No. 1420 De Soto,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Fred Overy

3. (b) If veteran, name war None

3. (c) Social Security No. 493-01-4493

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Gloryne R. Overy nee Fink

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August (Month) 12 (Day) 1893 (Year)

8. AGE: Years 51 | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Elevator Operator

11. Industry or business

FATHER
12. Name Alexander Overy
13. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Catherine Backie
15. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant Edith V. Minor,
(b) Address 5600 Arsenal Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 19 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 16 year 1944 hour 5 minute 30P.M.

21. I hereby certify that I attended the deceased from September 7, 1944 to September 16, 44; that I last saw him alive on September 16, 44, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Lungs.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R W Maxwell (Dm Case M.D.) (M. D. or other)

Address Date signed 9/18/44

(Licensed Embalmer's Statement on Reverse Side)

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 Welford G Burnley

Licensed Embalmer No. 4207

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.