S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8101

State File No. 2229

FILED MAR 23 1945 818

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
Lutheran Hospital
(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 Missouri (b) County Phelps 81

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert B. Overton

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mabel Overton

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased September (Month) 9 (Day) 1883 (Year)

8. AGE: Years 61 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Pawnee City (City, town, or county) Nebraska (State or foreign country) 1

10. Usual occupation Carpenter

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mabel Overton
(b) Address St. James, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 3-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1945 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from February 27 1945 to March 7, 1945
that I last saw him alive on March 6, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Due to Strangulated Right femoral Hernia with

Due to gangrenous ileum.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same as above
Operation Febr, 27, 1945

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

23. Signature B. W. Klippel, M.D. (M. D. ~~or other~~)

Address 3115 South Grand ave Date signed 3/8/45

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1945

APR 2 1945

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. Hoffer

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.