

#6255

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

17  
9

FILED 1945 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(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. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1mo-29 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal 13  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

CHARLES OBERT Overmeyer

3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced wid  
6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased Nov 1871  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 14  
If less than one day hr. min.

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

10. Usual occupation Butcher

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

MOTHER FATHER { 12. Name August  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Madeline Overmeyer  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Madeline Pennapi

(b) Address 5609 Park Lane

17. (a) Burial (b) Date thereof 8-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside Park

18. (a) Signature of funeral director Geo Muller

(b) Address 5041 Bellvue

19. (a) AUG 22 1945 (b) J. J. Bradock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th  
year 1945 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from 8/19/45  
to 8/19/45  
that I last saw him alive on 8/19/45  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia  
senility + gen. arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 91

Major findings: Of operations \_\_\_\_\_

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

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 Alfred Hagman M.D. (M. D. or other) \_\_\_\_\_  
Address Al Hospital Date signed 8-19-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

7410

*inclosed in folder*

**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..... *Samuel F. Rowland*

Licensed Embalmer No..... *3114*

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.**