S. No. 2
M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34681

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2426

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mount St. Rose Sanatorium O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5012 Blair Ave 9
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin H. Overy

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Agnes C. Overy nee Schroeder

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased September 6, 1906 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	1	11	hr. min.

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

10. Usual occupation Chemical Worker

11. Industry or business Mallincrodt Co.

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

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

16. (a) Informant Mrs. Agnes C. Overy
(b) Address 5012 Blair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (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) 10-20-45 (Date received local registrar) (b) E.G. McGovern M.D. (Registrar's signature) 25a

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1945 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 16, 1944 to Oct 17, 1945
that I last saw him alive on Oct 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fan Ado Pul Tbc	6 yrs.
Due to	
Due to 13	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 John C. Murphy (M. D. or other) M.D.
Address 9101 So. Broadway Date signed 10-17-45

(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 William G. Burkhart

Licensed Embalmer No. 2110

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.