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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19214

FILED MAY 29 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5048

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

1. PLACE OF DEATH:
(a) County ~~St. Louis~~
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day - 2 hrs (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 5048 17
(If outside city or town limits, write "RURAL")
(d) Street No. 18 3434 Laclede 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race Col,
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife ~~Infant~~
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct, 14th, 1946 (Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 3 If less than one day hr. min.

9. Birthplace St Louis Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Leroy Overstreet
13. Birthplace Unknown 7 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Samella Berry
15. Birthplace St Louis Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Samella Overstreet.
(b) Address 3434 a Laclede Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St.
19. (a) MAY 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-16, 1947, to 5-17, 1947; that I last saw him alive on May 17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acidosis	Undet.
Due to	
Due to	

Other conditions Mal-nutrition and Dehydration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 Theodore Stevens (M. D. or other)
Address 2601 N Whittier Date signed 5/19/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1843

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 L Bo
....., Registered Apprentice No. M
working under my personal supervision.

Signed Lonnie Boylin

Licensed Embalmer No. 2946

P. O. Address St Louis M

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.