

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1003

State File No. **22549**

FILED JUL 13 1947

Registrar's No. **6401**

Registration District No. _____ Primary Registration District No. _____

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:
Homeny & Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days (Specify whether
 In this community 46 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Edward Overby
3. (b) If veteran, 1 **3. (c) Social Security**
 name war — No. —

4. Sex Male **5. Color or race** NEGRO
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Frances Overby **6. (c) Age of husband or wife if**
24 years
7. Birth date of deceased 5/7/1881
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 9
 If less than one day
 hr. — min. —

9. Birthplace Paducah Ky.
(City, town, or county) (State of foreign country)

10. Usual occupation Barber

11. Industry or business Overby

12. Name Thomas Overby

13. Birthplace Ky.
(City, town, or county) (State of foreign country)

14. Maiden name not known

15. Birthplace Ky.
(City, town, or county) (State of foreign country)

16. (a) Informant Frances Overby

(b) Address 1632 1/2 Biddle

17. (a) (Burial, cremation, or removal) Burial **(b) Date thereof** 7 7 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale

18. (a) Signature of funeral director Thomas Overby

(b) Address 834 Garfield St.

19. (a) (Date received local registrar) JUL 13 1947 **(b)** J. F. Brudick
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Obs
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1632 1/2 Biddle 9
(If rural, give location)
 (e) Citizen of foreign country? — (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 hour 10 minute 9
 year 1947 M.

21. I hereby certify that I attended the deceased from May 15
1947, to July 4, 1947
 that I last saw him alive on 7-1- 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION 1 day

Due to MYOCARDIAL DEGENERATION +
CORONARY DISEASE 1 yr

Other conditions —
(Include pregnancy within 3 months of death)

Major findings: 93
 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)
 Means of injury —

23. Signature R. Sherwin M. D. or other
 Address 2627 1/2 N. KLIN Date signed 7-5-47

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

MOTHER FATHER

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

0018-*MB*

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 *Chas. L. Howell*

Licensed Embalmer No. *2452*

P. O. Address *2834 Hamble*

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.