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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25630**  
Registrar's No. **7079**

**FILED AUG 8 1947**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**4810 Milentz**  
(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 **000**

(c) City or town **St. Louis Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4810 Milentz**  
(If rural, give location)

(e) Citizen of foreign country? **MO** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Josephine O Hermann**

3. (b) If veteran, name war. **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced. **Widow**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **Aug 30 1865**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**81 11 9** hr. min.

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

10. Usual occupation **At Home**

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

MOTHER FATHER

12. Name **Henry Overberg**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Doerdelina**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin Koenig**

(b) Address **4810 Milentz**

17. (a) **Burial** (b) Date thereof **8-1-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal **S. S. Peter & Paul Cem**

18. (a) Signature of funeral director **Walter T Gunn**

(b) Address **3819 Ward Bldg**

19. (a) **JUL 30 1947** (b) **J. F. Breder**  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7<sup>th</sup>** Year **1947** hour **8:45** minute **29** A.M.

21. I hereby certify that I attended the deceased from **7<sup>th</sup>**, 1947, to **Aug 29<sup>th</sup>**, 1947, that I last saw her alive on **July 28<sup>th</sup>**, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary atherosclerosis and disease (fatty heart)**

Duration **1 year**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **1/21**  
(Include pregnancy within 3 months of death)

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature **Walter T Gunn** (M. D. or other) **MO**

Address **5003 S. Union Ave** Date signed **7/20/47**

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

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**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.....

*J. Allen Davis*  
.....  
Licensed Embalmer No. 4053

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.**