

FILED FEB 23 1949

STANDARD CERTIFICATE OF DEATH

1003

State File No. 6534

Registrar's No. 1303

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence; 5815 Cates Ave.,		d. STREET ADDRESS (If rural, give location) 5815 Cates Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) HARMAN c. (Last) OVERMAN.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1863
9. AGE (In years last birthday) 85		10. MONTHS 8	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY * - - -	11. BIRTHPLACE (State or foreign country) Nashville, Tennessee.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles C. Harman.	
13b. MOTHER'S MAIDEN NAME Adeline F. Shoemaker.		14. NAME OF HUSBAND OR WIFE Dr. David R. Overman.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Bostwick; 5573 Cates; St. Louis,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation 2 mo		DUE TO (c) Myocardial degeneration 1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis general			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1946 , to Feb 8 , 1949, that I last saw the deceased alive on Feb 5 , 1949, and that death occurred at 2:02 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul Kingsley Webb, M.D.		23b. ADDRESS 721 Olive St. St. Louis Mo.	
23c. DATE SIGNED 2-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2-11-1949	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.	
DATE REC'D BY LOCAL REG. FEB 13 1949		REGISTRAR'S SIGNATURE J. B. Kasater	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd; U.C. Mo.	

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

CH-6938
1-5

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.