

FILED MAY 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. 18521

318

1003

4199

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		a. STATE Missouri	b. COUNTY
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri-Pacific Hospital		d. STREET ADDRESS (If rural, give location) 5407 Idaho Ave. 0	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Mary Ann	b. (Middle) -----	c. (Last) Overkamp	(Month) May (Day) 8 (Year) 1950
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Nov, 3, 1889
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Geers	13b. MOTHER'S MAIDEN NAME Mary Klaas	14. NAME OF HUSBAND OR WIFE Fred B. Overkamp
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 Fred B. Overkamp
		ADDRESS 5407 Idaho Ave.

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 16 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) -----		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) H St. Louis Mo
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 Sept 11, 1948, to May 8, 1950, that I last saw the deceased alive on May 7, 1950, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Don G. Hails	(Degree or title) M.D.	23b. ADDRESS 1504 So. Grand Blvd - St Louis Mo	23c. DATE SIGNED May 8 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. MAY 9 1950	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE Gebken - Benz Mortuary	ADDRESS 2842 Meramec St. St. Louis, 18, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Joe B. Benz
Licensed Embalmer No. *4249*

P. O. Address *2842 Meramec*

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.