S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38897

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9790

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF ~~HOSPITAL~~ OR INSTITUTION (If not in hospital or institution, give street address or location) Maint Lenford

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ILL
b. COUNTY ST CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) E ST LOUIS 8120
d. STREET ADDRESS (If rural, give location) 1739 GRTY AVE 8

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) HERMAN
c. (Last) OVERBERG

4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1
8. DATE OF BIRTH APRIL 23 - 1903
9. AGE (In years last birthday) 47 YRS. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHAUFFER
10b. KIND OF BUSINESS OR INDUSTRY TRUCKING
11. BIRTHPLACE (State or foreign country) GERMANTOWN ILL 1
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HERMAN OVERBERG
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF ~~HUSBAND~~ OR WIFE HELEN OVERBERG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Overberg **ADDRESS** 1739 Gaty E. St. L.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis
DUE TO (c) Old Myocardial Infarction

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 11-17, 1950, *that I last saw the deceased alive on* 11, 19__, *and that death occurred at* 1044A m., *from the causes and on the date stated above.*

23a. SIGNATURE Alfred H. Berry (Degree or title) **23b. ADDRESS** 1300 Clark **23c. DATE SIGNED** NOV 17 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) E. ST LOUIS
24b. DATE 11-17-50
24c. NAME OF CEMETERY OR CREMATORY East St Louis
24d. LOCATION (City, town, or county) (State) Ill

DATE REC'D BY LOCAL REG. NOV 18 1950 REGISTRAR'S SIGNATURE J B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Robins Funeral Home **ADDRESS** E St Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

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: Frank Prokopf

Licensed Embalmer No. 4356

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.