

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42666**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10805**

1. PLACE OF DEATH a. COUNTY <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2219</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis 6 mo</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2843 Franklin Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2843 Franklin</b>			

3. NAME OF DECEASED (Type or Print) <b>Luther</b>		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>12 17 50</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>30 Oct 1890</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months   Days   Hours   Min. <b>1 17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Tray Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Will Overall</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Wright</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Orie Overall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>Mar #1</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Orie Overall 2843 Franklin</b>	

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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion (Sclerosis)</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Asst</b>	

22. I hereby certify that I attended the deceased from **2**, 19**50**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:55A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph M. Deacon</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12/18/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>22 Dec 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jefferson Barracks</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. J. D. Cook</b>		ADDRESS <b>5817 Day</b>	
DATE REC'D BY LOCAL <b>DEC 18 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Barater</b>			

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

*ml*

JAN 13 1951

**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. 375

working under my personal supervision.

Signed *Julius B. Wood*  
Student Embalmer

Signed \_\_\_\_\_

*A. J. Nash*

Licensed Embalmer No. 243

P. O. Address 3847 Oak

**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.