

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18443

State File No. 4295

318

1003

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 death.) a. STATE Missouri b. COUNTY Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 7200 Natural Bridge Rd.,	

3. NAME OF DECEASED (Type or Print) a. (First) ZORA	b. (Middle) BERYL	c. (Last) OVERY.	4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1886.	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Daniel W. McCarthy	13b. MOTHER'S MAIDEN NAME Emma Shirden	14. NAME OF HUSBAND OR WIFE Albert P. Overy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Albert P. Overy, 7200 Nat. Bridge Rd.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia - carcinoma metastatic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma of cervix		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? 171X
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22. I hereby certify that I attended the deceased from Nov 11, 1949, to May 7, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 00 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>Walter W. Lewis MD</i>	23b. ADDRESS 634 No Grand	23c. DATE SIGNED 5/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 10/51.	24c. NAME OF CEMETERY OR CREMATORY St. Ferdinand Cem.	24d. LOCATION (City, town, or county) Florissant, Mo.
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DATE REC'D BY LOCAL REG. MAY 7 1951	REGISTRAR'S SIGNATURE <i>J. B. Laska</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. S. W. Clark 1125 Hodiamont Ave..
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR. Mathews W. ~~Mathews~~
634 N. Grand Blvd.,
F., 2020 " , P.M.

Wells

030248

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 *Alfred F. Boedeker*
Licensed Embalmer No. 2663
P. O. Address 1125 Holliam

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.