

STANDARD CERTIFICATE OF DEATH

State File No. **10401**
Registrar's No. **2654**

FILED MAR 29 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2089
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hosp			d. STREET ADDRESS (If rural, give location) 438 Blase		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Lee	c. (Last) Overy	4. DATE OF DEATH (Month) (Day) (Year) Mar 20-1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 19-1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sta Fireman		10b. KIND OF BUSINESS OR INDUSTRY Wagner Elec	11. BIRTHPLACE (State or foreign country) U Florissant Mo		12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME John Overy		13b. MOTHER'S MAIDEN NAME Virginia Guiton	14. NAME OF HUSBAND OR WIFE Elizabeth Overy		
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. 497-09-2448	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Overy		ADDRESS
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) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 wks
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Silicosis		15 yr
			DUE TO (c)		
			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 none			20. AUTOPSY? YES <input checked="" 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 522.0		
22. I hereby certify that I attended the deceased from 3-3 1952 to 3-20 1952 ; that I last saw the deceased alive on 3-20 1952 and that death occurred at 9:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE M.D. Johnson		(Degree or title)	23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 3-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 22, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE REC'D BY LOCAL REG. MAR 21 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Koch & Son - 3516 N. 14th		

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 Ronald O. Yabuke

Licensed Embalmer No. 13917

P. O. Address St Louis

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.