

STANDARD CERTIFICATE OF DEATH

1868

FILED SEP 8 1952

State File No.

318

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|---|-------------------------------|--|--|---|--|---|---|
| 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) a. STATE <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 3</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>14 4064 Olive St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sterman</u> | | b. (Middle) <u>Franklin</u> | | c. (Last) <u>Overall</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower 2</u> | 8. DATE OF BIRTH <u>Jan. 13, 1885</u> | | 9. AGE (In years last birthday) <u>67</u> | 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) <u>Machinist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Owensboro, Ky. /</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>William Overall</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Bivins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rebecca</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>451-12-9959</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Dees</u> | | ADDRESS <u>1307 Warren</u> | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4222</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 51, 1951</u> to <u>Aug 27, 1952</u> that I last saw the deceased alive on <u>Aug 25, 1952</u> , and that death occurred at <u>7:20 P.M.</u> from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE (Degree or title) <u>Grace B. Kane M.D.</u> | | | | 23b. ADDRESS <u>706 Walton</u> | | 23c. DATE SIGNED <u>8-28-52</u> | |
| 24a. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> | | 24b. DATE <u>8-28-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Paragould, Ark.</u> | |
| DATE REC'D BY LOCAL REG. <u>AUG 28 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> | | | |

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

mjb (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 _____

Robert M. Murray

Licensed Embalmer No. 3749

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.