

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36729  
9387  
Registrar's No.

FILED NOV 14 1952 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 MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN ST LOUIS		c. CITY OR TOWN WEBSTER GROVES 4617	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 641 LILAC AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL			

3. NAME OF DECEASED (Type or Print) BLONDINA OVERFIELD a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH OCT-9-1952 (Month) (Day) (Year)		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH APRIL-11-1890	9. AGE (in years) 72 10. 1 YEAR Months 11. 1 DAY Days 12. 1 HOUR Hours 13. 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CALIFORNIA MO	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE D. KIRKHOFF		13b. MOTHER'S MAIDEN NAME ANNA RUBY		14. NAME OF HUSBAND OR WIFE CHARLES T. OVERFIELD	
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 ADDRESS MRS W M T. SNIDER Webster Groves	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 15 min.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus, Car		DUE TO (b) Cardiac Infarction			2 or 3 day
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerotic Heart Disease			year.
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"/>	
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		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200		

22. I hereby certify that I attended the deceased from April 2, 1952, to Oct. 20, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Blumrith Whetstep M.D.		23b. ADDRESS 204 E. Big Bend		23c. DATE SIGNED 10-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT.		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	

DATE REC'D BY LOCAL REG. OCT 11 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Adelbert Home Webster Groves MO	
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918 (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *V E Morris*

Licensed Embalmer No. 3360

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.