

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12632**

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 765

4002
3

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

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) Clayton | | c. CITY (If outside corporate limits, write RURAL and give township) Gardenville | |
| c. LENGTH OF STAY (In this place) D.O.A. | | d. STREET ADDRESS (If rural, give location) 4678 Seibert 4860 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Louis County Hospital | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George | | b. (Middle) P | |
| c. (Last) Overman | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1953 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Mar. 3, 1874 |
| 9. AGE (In years) (Month) (Day) (Year) 79 | | 10. KIND OF BUSINESS OR INDUSTRY Stove Co. | 11. BIRTHPLACE (State or foreign country) St Louis Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Frederick Overman | | 13b. MOTHER'S MAIDEN NAME Katherine Weber | |
| 14. NAME OF HUSBAND OR WIFE Anne Overman | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | |
| 16. SOCIAL SECURITY (If yes, give war or dates of service) 493-07-0649 | | 17. INFORMANT'S SIGNATURE OR NAME Anne Overman ADDRESS 4678 Seibert | |
| 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: unknown natural causes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH None | |
| 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Herbert R. Donke | | 23b. ADDRESS 651 S. Brentwood Blvd. | |
| 23c. DATE SIGNED 3/12/53 | | 23d. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/10/53 | 24c. NAME OF CEMETERY OR CREMATORY N St Marcue Cemetery | 24d. LOCATION (City, town, or county) (State) St Louis Mo. |
| DATE REC'D BY LOCAL REG. 3-9-53 | REGISTRAR'S SIGNATURE Herbert R. Donke MD | 25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons ADDRESS 7027 Gravois | |

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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.