

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20257

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1350

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis-Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 4151	
c. LENGTH OF STAY (in this place) 1 year-7 mo		d. STREET ADDRESS (If rural, give location) 3709 Manola Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) c. (Last) Overbeck			4. DATE OF DEATH May 13, 1953 (Month) (Day) (Year)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22, 1871	9. AGE (In years last birthday) 82	10. IF UNDER 1 YEAR Days 11. IF UNDER 1 MONTH Hours 12. IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self-At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZENRY OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME (Unknown) Steven		13b. MOTHER'S MAIDEN NAME Louise (Unknown)		14. NAME OF HUSBAND OR WIFE William J. Overbeck	
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 H.C. Overbeck, 1111 Louisville Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 days	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		DUE TO (b) Aortic Stenosis				unknown	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Arteriosclerotic Cardiovascular disease				unknown	
2. 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 4221				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 (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			

22. I hereby certify that I attended the deceased from Nov 1, 1950, to May 13, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 9:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE: Lewis Littmann MD (Degree or title)		23b. ADDRESS 8231 Clayton Rd (RT) St. Louis Co., Missouri		23c. DATE SIGNED 5/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/16/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					

DATE REC'D BY LOCAL REG. 5-14-53		REGISTRAR'S SIGNATURE Herbert R. Empe-174		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PROVOST UND. CO., 3710 No. Grand Bl	
----------------------------------	--	---	--	--	--

(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

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.