No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28243

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

360
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1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Clair - Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) none

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2269
d. STREET ADDRESS (If rural, give location) 1511a South 13th St.

3. NAME OF DECEASED (Type or Print) a. (First) Ruth M b. (Middle) M c. (Last) Overfield

4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1953

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-28-14
9. AGE (In years last birthday) 39 | 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)
10b. KIND OF BUSINESS OR INDUSTRY Laundry Women
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Pleasant S. Brown
13b. MOTHER'S MAIDEN NAME Luita Chateen
14. NAME OF HUSBAND OR WIFE James H. Overfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME James H. Overfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) In auto Accident on
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Highway #66, 5 miles west
DUE TO (c) of St. Clair, Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured skull & neck

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Internal Injuries & lacerations on body
20. AUTOPSY? YES NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Clair, Central Franklin (STATE) Mo 636
21d. TIME OF INJURY (Month) Aug (Day) 8 (Year) 1953 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Lost control of car wet road

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 Ernst L. Ottmann (Degree or title) coroner
23b. ADDRESS Gerald Mo
23c. DATE SIGNED Aug 8, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 12 1953
24c. NAME OF CEMETERY OR CREMATORY Salem Cem
24d. LOCATION (City, town, or county) Salem, Ill. (State)

DATE REC'D BY LOCAL REG. 8-8-53
REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE [illegible] ADDRESS St. Clair Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 195

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.

Signed_____

Student Embalmer

Licensed Embalmer No. 3623

P. O. Address_____

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

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