No. 300
No. 48

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

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15080

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 963

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Hts.
c. LENGTH OF STAY (in this place): 50 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2352a S. Compton Av.

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): Mae
c. (Last): Overfelt

4. DATE OF DEATH (Month) (Day) (Year): Apr. 9 1956.

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 3. 1916
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): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Samuels Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country): Quincy Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lafe Patterson
13b. MOTHER'S MAIDEN NAME: Nina Ebenezer
14. NAME OF HUSBAND OR WIFE: Homer Overfelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-18-6620
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Homer Overfelt 2352a S. Compton.

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): Brain tumor — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cause Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Broncho-Pneumonia

19a. DATE OF OPERATION: 2-25-56
19b. MAJOR FINDINGS OF OPERATION: same
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23, 1956 *to* 4-9, 1956, *that I last saw the deceased alive on* 4-9, 1956, *and that death occurred at* 11:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert A. Woolsey M.D.
23b. ADDRESS: 6444 Chippewa
23c. DATE SIGNED: 4-10-56.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-12-56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon Cem.
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: 4-10-56
REGISTRAR'S SIGNATURE: Herbert K. Lombard
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Watt Bros. L & N. Co. 2929 S. Jefferson.

(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 em

by me, or by Rowland Aher Sr., Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Edgar F. Wit

Licensed Embalmer No. 21

P. O. Address 2929 S Je

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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