XC-6219 857
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SL #11569

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36013
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9524

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand, St.Louis, Mo. — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL — Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2433 O'Fallon — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First TOMMIE Middle Last OVERSTREET
4. DATE OF DEATH Month October Day 16 Year 1956
5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9/25/22
9. AGE (In years last birthday) 34 — 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Louisville, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME GILES OVERSTREET
14. MOTHER'S MAIDEN NAME LENA HAYNES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 427-26-7611
17. INFORMANT Address VA Hosp. Records, St.Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH Undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSION, MALIGNANT
DUE TO (c) 445 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ VA
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/11/56, to 10/16/56 and last saw him alive on 10/16/56
Death occurred at 5:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Person or title) Henry F. Westphaelinger M.D.
22b. ADDRESS 915 N.Grand VAH, St. Louis, Mo.
22c. DATE SIGNED 10/16/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-22-1956
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney
25. DATE RECD. BY LOCAL REG. OCT 18 1956
26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 44

P. O. Address St Lou

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.