

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042064

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11517

300
-57 2

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED IN HOSPITAL OR INSTITUTION 3820 8th Broadway City Work House		d. STREET ADDRESS (If outside, give location) 4633 Louisiana	
Length of stay in lb 1.59		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LOUIS Middle F Last OVERBERG			4. DATE OF DEATH Month 11 Day 28 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1888
9. AGE (In years birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during part of time even if retired) City Guard	10b. KIND OF BUSINESS OR INDUSTRY WORK HOUSE
11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? UAS	
13a. FATHER'S NAME George Overberg		13b. MOTHER'S MAIDEN NAME Mary Koenig	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, war or dates of service) No	
16. SOCIAL SECURITY NO. 496-22-2594		17. INFORMANT Address Anna Schlund 4633 Louisiana	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) 420.0			INTERVAL BETWEEN ONSET AND DEATH 1690 min. ulc 2 years.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 July 3, 1956 to Nov. 28 58 and last saw ^{her} him alive on Nov 28 58 Death occurred at 3PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Julian G. Ratten M.D. (Degree or title)		22b. ADDRESS 2603 Cherokee St.	
22c. DATE SIGNED 11-29-58		23a. BURIAL, CREATION, REMOVAL (Specify) Removal	
23b. DATE 12-2-1958		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) (State) St. Louis Mo.		24. FUNERAL DIRECTOR WINGBERMUEHLE 3819 So Grand Blvd. ADDRESS	
25. DATE RECD. BY LOCAL REG. DEC 1 - '58		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *George J. Ingbermehl*

Licensed Embalmer No. *4611*
P. O. Address *Ham 18*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.