WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46729

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. Christian Hospital St. ..... Ward)

File No. .....

Registered No. 12524

2. FULL NAME Baby Overton

(a) Residence, No. 4958a Walsh Avenue St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1936.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or 30 min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER

13. NAME James Overton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Velda Funkhouser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) James Overton 4958a Walsh Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefountaine DATE Dec. 22, 1936

19. UNDERTAKER (ADDRESS) Craig Mortuary 4468 Washington Blvd.

20. FILED DEC 22 1936 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 - 1936, to Dec. 21 - 1936

I last saw her alive on Dec. 21 - 1936. Death is said to have occurred on the date stated above, at 11:45 AM.

The principal cause of death and related causes of importance were as follows:

Premature birth - 7th month.

Date of onset

Other contributory causes of importance:

59

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. Rhyars M. D.

(Address) 607 N. Grand Bl

10000-3-26-35