

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

31063
Do not use this space.
8120

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Frisco Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Irene Overstreet**

(a) Residence, No. **4339 Olive Street** St. **19** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 24, 1888**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 4 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Telephone Co**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Miss R.R.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **23**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **James Overstreet**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Seattle Washington**

15. MAIDEN NAME **Josephine Ries**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

17. INFORMANT (ADDRESS) **Mrs. Blanche Grosse
4339 Olive St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory** DATE **9-23 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuarie
4228 So. Kingshighway**

20. FILED **SEP 21 1939**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-18 1939**

22. I HEREBY CERTIFY, That I attended deceased from **8-21**, 1939, to **9-18**, 1939

I last saw h. **la** alive on **9-18**, 1939. Death is said to have occurred on the date stated above, at **8:45 P.M.**

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

Carcinoma of lung
Carcinoma of left breast
Primary site

Name of operation **left mastectomy** Date of **12-5-37**
 What test confirmed diagnosis? **P.A.T.** 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) **Earl R. Rice**, M. D.
 (Address) **Frisco Hospital**

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.

S.S. No 702-07-8869

WWW.VITAL-STATISTICS.COM WITH UPDATING INFO---THIS IS A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Edurn A. J. Dermott*

Licensed Embalmer No. *3024*

P. O. Address.....

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 this body is not embalmed, above space should be left blank.