

FILED APR 8 1940  
-11-10-39  
-5-17-39  
PT X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12305

State File No. \_\_\_\_\_  
Registrar's No. 515

Registration District No. 784 Primary Registration District No. 101

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(d) Length of stay: In hospital or institution 9 hr. 28 min.  
In this community 11 yrs.

3. (a) PRINT FULL NAME Louis Overath  
3. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margarite Overath  
6. (c) Age of husband or wife if alive ? 69 years  
7. Birth date of deceased Aug. 16 1862

8. AGE: Years 77 Months 6 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Alton, Ill.

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Margaret Overath  
(b) Address Maryland Heights, Mo.

17. (a) Burial (b) Date thereof 3/16/40  
(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Baumann Bros  
(b) Address 2504 W. Ardmore, Overland Park, Mo.

19. (a) MAP - 4 1940 (b) Registrar's signature A.R.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Maryland Heights  
(d) Street No. Fee Fee rd.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1940 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Mar. 12, 1940  
that I last saw him alive on 3-12-40  
and that death occurred on the date and hour stated above.

Immediate cause of death uræmia

Due to arteriosclerotic nephrosclerosis  
uræmic pericarditis

Other conditions Begining Brachy pneumonia  
Major findings: 131  
Of operations \_\_\_\_\_  
Of autopsy as above given

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature R. J. Rosen  
Address Co. 3rd Date signed \_\_\_\_\_

Duration days? \_\_\_\_\_  
yes? \_\_\_\_\_  
1 day  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

16  
2  
2

**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

**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.**