

No. 2
10-20
1940

SEP 25 1940 791

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6608

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4829a Margaretta Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Overmann 165
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Overmann 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 24, 1847
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia, Penn 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

MOTHER FATHER { 12. Name Exavier Moser
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Legendorfer
(b) Address 4829a Margaretta Ave.

17. (a) Burial (b) Date thereof Aug. 5 '40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Parsonsburg Undertaking Co
(b) Address 4746 W. Florissant Ave.

19. (a) AUG 3 1940 (b) J. G. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4829a Margaretta 7
(If rural, give location)
(e) If foreign born, how long in U.S.A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3 year 1940 hour 3 minute 00 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Simple atelectasis
arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____ Means of injury 5

23. Signature Joseph M. Legendorfer
Address _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O.: Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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