

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27388**
Registrar's No. **7284**

Registration District No. **791** Primary Registration District No. **1003**

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)
8. (a) PRINT FULL NAME William A. Overholt

8. (b) If veteran, name war _____ 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Juanita Overholt 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 1-17-1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Board of Education

12. Name Charles Overholt

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Flora Mills

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Juanita Overholt
(b) Address 3140 Oak Hill Ave

17. (a) Burial (b) Date thereof 8-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Southern Ind. Co.
(b) Address Grand
19. (a) AUG 29 1940 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL.")
(d) Street No. 3140 Oak Hill Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28th
year 1940 hour _____ minute 15⁰ A.M.

21. I hereby certify that I attended the deceased from Aug. 15th, 1940
_____ 1940, to Aug. 28, 1940,
that I last saw him alive on Aug. 27th, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic nephritis
Hypertension

Due to Chronic nephritis

Other conditions 131
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy Enlarged heart; chronic nephritic changes in kidneys

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) (e) Means of injury _____

23. Signature Harry [Signature] (M. D. or other) _____
Address 1045 W. [Signature] Bldg. Date signed 8/29/40

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

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

Dr. Agness
Mo. Thea. Bldg

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 Virgil L. Berryman
Licensed Embalmer No. 4018
P. O. Address St. Louis 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.