

NOV 16 1940 791  
Registration District No. 791

Primary Registration District No. \_\_\_\_\_

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.

**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 BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether \_\_\_\_\_)  
In this community unknown  
(years, months or days)

**3. (a) PRINT FULL NAME** MARTHA LEE OVERTON  
**8. (b) If veteran,** name war \_\_\_\_\_ **8. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Female **5. Color or race** Negro  
**6. (a) Single, widowed, married, divorced** Widow  
**6. (b) Name of husband or wife** Ulysses Overton **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased** 5 11 1884  
(Month) (Day) (Year)

**8. AGE:** Years 56 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Eriarspoint Mississippi  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housework

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

**12. Name** William Lee

**13. Birthplace** Eriarspoint Mississippi  
(City, town, or county) (State or foreign country)

**14. Maiden name** Lizzie Rozell

**15. Birthplace** Eriarspoint Mississippi  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Syde Weaver

**(b) Address** 4212w Finney Ave.

**17. (a)** burial **(b) Date thereof** 10-11-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Washington Park Cem.

**18. (a) Signature of funeral director** John Gates  
**(b) Address** 4107 Finney Ave.

**19. (a)** OCT 7 1940 **(b)** \_\_\_\_\_  
(Date received local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST LOUIS 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4212 FINNEY  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month October day 6  
year 1940 hour 9 minute 30 A.M.

**21. I hereby certify that I attended the deceased from** September 17, 1940, to October 6, 1940;  
that I last saw her alive on OCTOBER 6, 1940;  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral accident **Duration** 4 hrs

**Due to** arteriosclerosis

**Due to** Hypertension

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_

**Of autopsy** same

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically

**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** \_\_\_\_\_

**28. Signature** Carl G. Watterling (M. D. brother)  
**Address** BARNES HOSPITAL **Date signed** 12/6/40

**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.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

Signed

*James A. Johnson*

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**