S. No. 2
M—9-4-41
v. 5-17-39
I X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19890

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5715

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

00
17
9

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Lukes Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis,
(c) City or town Warson Woods N.R.
(d) Street No. 1155 (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Violet Corner Overbeck
3. (b) If veteran, name war None
3. (c) Social Security No. none.
4. Sex Female 1
5. Color or race White
6. (a) Single, married, widowed, divorced Married 1
6. (b) Name of husband or wife Edwin Overbeck
6. (c) Age of husband or wife if alive 44. years
7. Birth date of deceased July, 29 1895. (Month) (Day) (Year)

8. AGE: Years 46. Months 11. Days 4. If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) O Missouri. (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
12. FATHER Name Joseph Corner.
13. FATHER Birthplace Hull, (City, town, or county) 4 England. (State or foreign country)
14. MOTHER Maiden name Ida Schreiber.
15. MOTHER Birthplace St. Louis, (City, town, or county) O Missouri. (State or foreign country)
16. (a) Informant Edwin Overbeck.
(b) Address 1155 Washington, Drive.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/6/1942. (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery.
18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7833 Delmar Boulevard.
19. (a) JUL 3 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1942 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 14 1933 to July 2 1942 that I last saw him alive on July 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	15 yr
Congestive Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 7-3-42

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington = H. A. Rusk

** Dr. Howard Rusk.
** 3720 Washington JE 4515
Dr. H. G. Newman
" " " " Out of Hawk
HRS. 1:30-5:30P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City 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, fact should be so stated above.