V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19902

State File No. 5593

JUN 30 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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: CITY. HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether In this community 3 YR. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS MO. (If outside city or town limits, write "RURAL")

(d) Street No. 1060 HORNSBY ST. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JUANITA OVERHOLT

3. (b) If veteran, name war NONE

3. (c) Social Security No. 489-20-8190

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM OVERHOLT

6. (c) Age of husband or wife if alive — — — years

7. Birth date of deceased JULY (Month) 16 (Day) 1892 (Year)

8. AGE: Years 50 Months 10 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation SILK PRESSER

11. Industry or business SWOFFORD CLEANING & DYING

FATHER
12. Name CHARLES EISENBACK
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHERINE KEATING
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Olive Maxwell

(b) Address 1060 Hornsby St.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JUNE 19 1943 (Month) (Day) (Year)

(c) Place: burial or cremation VAHLLA CREAMETORY

18. (a) Signature of funeral director Friedrich F. Homs

(b) Address 8319 Halls Ferry Rd.

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 15 year 1943 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Dr Alfred J Perry (M. D. or other)

Address Deputy Coroner Date signed 6-18-43

(Licensed Embalmer's Statement on Reverse Side)

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.....Arthur R. Diedrich.....

Licensed Embalmer No.....3556.....

P. O. Address.....St. Louis City.....

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.