

FILED JUN 19 1944

State File No. _____

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

5126

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4537-a- Harris
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 73-9-19 | _____ (Specify whether
 years, months or days)

3. (a) PRINT Laura M. Overton
FULL NAME

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 Widow
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 4th. 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 9 29 hr. _____ min.

9. Birthplace St. Louis MO. (1)
 (City, town, or county) (State or foreign country)

10. Usual occupation House Work.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Handfield 2
 13. Birthplace Canada 2
 (City, town, or county) (State or foreign country)
 14. Maiden name Clementine Martin
 15. Birthplace St. Louis (1)
 (City, town, or county) (State or foreign country)

16. (a) Informant Viola Lautner(b) Address 4537 a. Harris

17. (a) Burial (b) Date thereof 6-6-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary18. (a) Signature of funeral director J. F. Brudeck(b) Address 3013 Meramec

19. (a) JUN 5 1944 J. F. Brudeck
 (Date received local registration) (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. 4537 a. Harris
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
 year 1944 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from August 20
1943 to June 2 1944
 that I last saw her alive on June 2, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis
Chronic Interstitial Nephritis
General Arterio-Sclerosis

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

Major findings: noneOf operations: noneOf autopsy: none

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? _____ a. (2) Means of injury _____
 23. Signature B. W. Klippel M.D. (M. D. initials) _____
 Address 3115 South Grand Ave. Date signed 6/3/44

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..... *Francis A. Williams*.....

Licensed Embalmer No. *3565*

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, fact should be so stated above.