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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19213
Registrar's No. 5309

Registration District No. Primary Registration District No.

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:
2006 Knox Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JAMES CHANDLER OVERBEY
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 21 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 3 7 hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Dewey C. Overbey
13. Birthplace Webster Groves Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Laura Logan
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dewey C. Overbey
(b) Address 2006 Knox Ave.

17. (a) Burial (b) Date thereof 5 31 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 28 (b) J. F. [Signature]
(Date Received Local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County San
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2006 Knox Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1947 hour 5:30 minute A.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
State Board of Health
Encephalitis
Due to.....
Asphyxiated by hood
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?

While at work? (Specify type of place) (c) Means of injury
Patrick E. Taylor, Dep. Cor
23. Signature Patrick E. Taylor, Dep. Cor
Address 1300 Clark D.N. of [unclear] 5-28-47

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

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.....
Edwin H. K. Bennett
Licensed Embalmer No. *3074*
P. O. Address.....

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.