

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28531
7150
Registrar's No.

BIRTH NO. 1102149
45193-50 REG. DIST. 318 PRIMARY REG. DIST. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 920 La Salle St., 0	

3. NAME OF DECEASED (Type or Print) BABY			a. (First) b. (Middle) c. (Last) Infant OVERTURF			4. DATE OF DEATH (Month) (Day) (Year) July 17, 1950					
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, newborn		8. DATE OF BIRTH July 16th, 1950		9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Days 8		IF UNDER 1 MIN. Min. 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis City Hospital #1.			12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Henry Overturf		13b. MOTHER'S MAIDEN NAME Delores Fulghen		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity						6-8	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	
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22. I hereby certify that I attended the deceased from 7/16/50 10 to 7/17/50, 19, that I last saw the deceased alive on 7/17/50, 19, and that death occurred at 7:10am m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Burroughs, M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 7/17/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 16 AUG 23 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Bours.		24d. LOCATION (City, town, or county) (State) St. Louis 10, Mo.	
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DATE REC'D BY LOCAL REG. AUG 23 1950		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S NAME AND ADDRESS Rowland Mortuary Service Inc. 1104 Manchester Ave.	
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WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.