

Use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **43645**
STATE FILE NUMBER **11200**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Robertsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Memorial Hospital		Length of stay in 1b	d. STREET ADDRESS Rural Route		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Gregory First David Middle Overschmidt Last <i>Gregory. David. Overschmidt</i>			4. DATE OF DEATH Month 12 Day 6 Year 56		
5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 17 - 55	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Month 3 Days 3 Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Washington, Mo.	
13. FATHER'S NAME Earl Overschmidt			14. MOTHER'S MAIDEN NAME Luella Kleekamp		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT Earl G. Overschmidt, Robertsville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congenital heart disease DUE TO (c) and respiratory infection in a mongrel					INTERVAL BETWEEN ONSET AND DEATH 24 hours 14 mos. 3 days 17 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 754.4		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Franklin, Missouri	
21. I attended the deceased from 12-5-56 and last saw him her alive on 12-5-56 Death occurred at 4:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Peter G. Danis (Degree or title)			22b. ADDRESS 35 N. Central		22c. DATE SIGNED 12-6-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-6-56	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Moselle, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington,			25. DATE RECD. BY LOCAL REG. DEC 7 1956		26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. J. [Signature]*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.