

Overwein, Charles 1878 - 1945

COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 6129
 Registrar's No. 269

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH:
 (a) County Stenton
 (b) City or town Covington
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: Stenton County Infirmary
 (If not in hospital or institution write Street number or location)
 (d) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kentucky (b) County Stenton
 (c) City or town Covington
 (If outside city or town limits, write RURAL)
 (d) Street No. _____ (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Charles Overwein
3(b) If veteran, _____ **3(c) Social Security** _____
 Name war _____ No. _____

4. Sex Male **5. Color of 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 April - 10th - 1878
 (Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Kentucky

10. Usual occupation _____

11. Industry or business _____

FATHER { **12. Name** Joseph Overwein
13. Birthplace Covington Kentucky

MOTHER { **14. Maiden name** Philomene Mattheschek
15. Birthplace Cincinnati Ohio

16(a) Informant's own signature Sallie Furnish
(b) Address Stenton County Infirmary

17. BURIAL, CREMATION, OR REMOVAL
 Place Highland Date 3-14-1945

18(a) Signature of funeral director Wm. H. Donnelly, F.H.
(b) Address Covington, Ky.

19(a) MAR 28 1945 (Data received by local registrar) Wm. H. C. O'Keefe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1945

21. I hereby certify that I attended the deceased from March 12 - 1945
 to March 14th 1945 that I last saw him alive on March 13th 1945 and that death occurred on the date stated above at 7:00 P. M.

Immediate cause of death _____ **DURATION** _____
Cerebral hemorrhage sudden

Due to _____

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

Major findings:
 Of operation none 83A-102
 Of autopsy none

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? In or about home, on farm, in industrial plant, in public place? (Specify type of place) _____

While at work? (a) Means of injury _____

23. Signature J. M. E. Dean, M.D. (M. D. or other)
 Address Covington Ky Date signed March 17, 1945