

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

31692

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 1814 Wagoner Place) St. Ward)

File No.
 Registered No. **9034**

2. FULL NAME

Amelia Volmer
 (a) Residence No. St. 11 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3rd 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student ¹³¹
 (b) General nature of industry, business, or establishment in which employed (or employer) 93C
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

Joseph W. Volmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Mathewine Dowd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT Joseph W. Volmer
 (Address) 1814 Wagoner Pl

15.

FILED OCT 11 1927
 Registrar Paul Starkoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct- 9 19 27

17. I HEREBY CERTIFY, That I attended deceased from Oct. 3 1927 to Oct 9 1927, that I last saw him alive on Oct 9 1927, and that death occurred, on the date stated above, at 10:00 p m.

THE CAUSE OF DEATH: * WAS AS FOLLOWS:

Chronic Nephritis with Acute urembatemia

(duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis - myocarditis

mitral Regurgitation (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS. Chemical & Laboratory

(Signed) Ralph S. Cook M. D.

Oct 10 19 27 (Address) Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

to always 10-12 19 27

20. UNDERTAKER

ADDRESS

Arthur W. Donnelly 2039 West 46

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr Ralph Spink
2nd Floor