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

Do not use this space.

38267

1. PLACE OF DEATH

County ..... Registration District No. 791 1003, File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10923

City Stlouis Mo (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME Ferdinand Vollrath

(a) Residence. No. 3906 Laclede Ave St., 18 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1865

7. AGE: Years 62 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Book Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs E. Gahl
(Address) 3906 Laclede Ave. St Louis Mo

15. FILED DEC -6 1927 19 Max C Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1927, to Dec 4, 1927 that I last saw him alive on Dec 4, 1927, and that death occurred, on the date stated above, at 5 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Extravasation of urine
non Gonococcic cause unknown
136 B
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
(duration) 2 yrs. mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) M. H. Chester, M. D
12-5 1927 (Address) 1010 Paul Brown 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: Calvary Cemetery
DATE OF BURIAL: 12-7 1927

20. UNDERTAKER: Weick Bros
ADDRESS: 2201 So Grand Bl

N. 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.