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

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.

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

Do not use this space. 3054

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 657

City St Louis Mo (No. Mullanphy Hospital St. ..... Ward)

2. FULL NAME Agnes A. Volkmar

(a) Residence. No. 1509a Angelrodt St. 26 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Louis F. Volkmar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31, 1897

7. AGE: Years 30 | Months 2 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) St Louis Mo.

PARENTS
10. NAME OF FATHER Frank L Kruse
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis Mo.
12. MAIDEN NAME OF MOTHER Carolina Ostendorf
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Cape Giradeau Mo

14. INFORMANT Louis F. Volkmar
(Address) 1509a Angelrodt St

15. FILED JAN 18 1928, 19..... May C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16- 1928

17. I HEREBY CERTIFY, That I attended deceased from January 15th 1928, to 16th January 1928, that I last saw her alive on January 16th 1928, and that death occurred, on the date stated above, at 7 55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Diabetic Coma

57 59

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus

..... (duration) 1 yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Earl J Althaus, M. D

Jan 16, 1928 (Address) 4501 Easton Av

*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: Friedens | DATE OF BURIAL: Jan 19 1928

20. UNDERTAKER: Math Hermann & Son | ADDRESS: 4103 W West Florissant Ave