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

Do not use this space.

File No. 22254

Registered No. 6436

1. PLACE OF DEATH

County St. Louis — Registration District No. 1003 — 791

Township — Primary Registration District No.

City St. Louis (No. 500 S. Kingshighway St. Ward)

2. FULL NAME Audrey Volkerding

(a) Residence. No. 7419 Canterbury Ave St., 17 Ward. St. Louis Co.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-8-28

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maplewood, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Herman Volkerding

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lydia Schultz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT O. McIlvin
(Address) 500 S. Kingshighway

15. FILED JUN 18 1928 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-17-28 19

17. I HEREBY CERTIFY, That I attended deceased from 5-31-28, 19..., to 6-17-28, 19..., that I last saw h.e.r. alive on 6-17-28, 19..., and that death occurred, on the date stated above, at 4:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Intestinal Obstruction

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Intussusception

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/31/28

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Roentgenograph

(Signed) Russell S. Boland M.D.

6/17, 19 28 (Address) St. Louis Children's Hosp

*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
Dutzow Mo	6/18 1928
20. UNDERTAKER Gogham Und Co	ADDRESS 7146 Manchester

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.