

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

Do not use this space.

22491

**1. PLACE OF DEATH**

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

*St. Louis Mo. No. 31114 Henrietta St.*

File No.....

Registered No.....

6693

St.....

Ward.....

**2. FULL NAME**

(a) Residence.....

(Usual place of abode)

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

*male*

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)

*Oct. 8-1900*

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

*27*

*8*

*16*

**8. OCCUPATION OF DECEASED**

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

*Tube Roller*

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

*Cuyales*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*St. Louis*

(STATE OR COUNTRY)

*Missouri*

10. NAME OF FATHER

*Charles W. Volker*

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Illinois*

12. MAIDEN NAME OF MOTHER

*Effie Hopkins*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Missouri*

14.

INFORMANT

(Address)

*Mr. Charles W. Volker*

*31114 Henrietta St.*

15.

FILED

*26*

*1928*

*Wm. C. Stark*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*June 24 1928*

17.

I HEREBY CERTIFY, That I attended deceased from

*June 28, 1928, to June 24, 1928*

that I last saw deceased alive on *June 21, 1928*, and that death occurred, on the date stated above, at *2:45 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Tuberculosis of Lungs*

CONTRIBUTORY (SECONDARY)

*Tuberculosis of Lungs*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

*Yes*

DATE OF.....

WAS THERE AN AUTOPSY?

*No*

WHAT TEST CONFIRMED DIAGNOSIS.....

*History & X-Ray*

(Signed).....

*E. Bruders*

M. D.

*June 25, 1928 (Address) 635 Missouri 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

*Sum Set Burial Park*

*June 26 1928*

20. UNDERTAKER

ADDRESS

*E. J. Schmur 3125 Lafayette Ave.*

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.

