

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

Do not use this space.

3091

1. PLACE OF DEATH

County.....
Township.....
City St. Louis mo

Registration District No. 791
Primary Registration District No. 1003
6842 Scanlan ave

File No.....
Registered No. 298
St..... Ward)

2. FULL NAME

Lijette Volks
(a) Residence. No. 6842 Scanlan ave Ward. 3
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? 60 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND OR (OR) WIFE OF) HERMAN H. VOLKS

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5th 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 8 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work not occupied at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Germany 10

10. NAME OF FATHER Henry Lindeman

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

12. MAIDEN NAME OF MOTHER Lijette Berstall

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

14. INFORMANT (Address) 6842 Scanlan ave

15. FILED 1931 Jan 10 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1931, to Jan 7, 1931, that I last saw h. alive on Jan 30, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchial Pneumonia
(duration) yrs. mos. 6 da.
CONTRIBUTORY Re Grippé, acute - chronic Myocarditis
(SECONDARY) (duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH. DATE OF -
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only
(Signed) R. T. Quinn, M. D.

*State the DISEASE CAUSING DEATH, or in death 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 Jan 9 1931

20. UNDERTAKER Tanner Funeral Home ADDRESS 6107 National Bridge Rd
L. B. Tanner

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.

